

**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

Bureau of Health Professions  
Division of Nursing

**Affordable Care Act – Nurse Education, Practice, Quality and Retention  
(NEPQR) Program**

*Announcement Type: New and Competing Continuation  
Announcement Number: HRSA-11-041*

**Catalog of Federal Domestic Assistance (CFDA) No. 93.359**

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2011

**Application Due Date in Grants.gov: January 21, 2011**

*Ensure your Grants.gov registration and passwords are current immediately!!*

**Release Date: December 3, 2010  
Date of Issuance: December 6, 2010**

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Legislative Authority: Title VIII, Section 831 and 831A of the Public Health Service Act (42 U.S.C. 296p and 42 U.S.C. 296p-1), as amended by section 5309 of the Patient Protection and Affordable Care Act, P.L. 111-148.

## Executive Summary

The **Nurse Education, Practice, Quality and Retention (NEPQR)** program has a broad legislative authority with targeted purposes to address the growing nursing shortage. The NEPQR program provides grant support for academic, service, and continuing education projects designed to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. There are three major priority areas with ten associated purposes. Applicants must select only one of the ten purposes listed below as the main project focus for the grant proposal. **Applicant organizations may only submit one application per NEPQR Purpose (inclusive of new and competing continuations) under this announcement.**

### 1. Education (E) Priority Area:

- Purpose E1: Expanding the enrollment in baccalaureate nursing programs (3 year grant);
- Purpose E2 (formerly E3): Providing education in the new technologies, including distance learning methodologies (3 year grant).

### 2. Practice (P) Priority Area:

- Purpose P1: Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities (5 year grant);
- Purpose P2: Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence (3 year grant);
- Purpose P3: Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems (3 year grant); or
- Purpose P4: Developing cultural competencies among nurses (3 year grant).

### 3. Retention (R) Priority Area:

- Purpose R1: Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce (3 year grant); or
- Purpose R2: (formerly known as E2): Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties (3 year grant);
- Purpose R3: Career Ladder Program to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession (3 year grant); or

- Purpose R4: Enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities (3 year grant).

**Eligible applicants** are schools of nursing, a health care facility, or a partnership of such a school and facility. The term ‘health care facility’ means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary. The eligible applicant must be capable of carrying out the legislative purpose of the NEPQR program.

Schools of nursing providing nursing education and conferring degrees for participants must be accredited by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. Newly established, unaccredited programs should consult with the U.S. Department of Education and provide appropriate documentation (see page 8).

**All applicants must provide written assurance that projects will be operational (with active project participants) by January 31, 2012. This requires total activation of the requested project (no piloting, planning, or preliminary training).**

As provided in Section 805 of the Public Health Service Act, a **funding preference** shall be granted to applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments.

In making awards under the R2 purpose, the Secretary shall give a preference to applicants that have not previously received an award under this purpose (Section 831(c) (2) (B) or Section 831A (c) (2)).

It is estimated that for FY 2011, 36 new competitive awards and/or competing continuations will be awarded at an average of \$250,000 per grant per year. The application **Due Date** is January 21, 2011 in Grants.gov.

#### **Technical Assistance Call**

A technical assistance conference call has been scheduled to help applicants understand, prepare and submit a grant application. **The conference call is scheduled for December 16, 2010 from 01:00 pm until 03:00 pm ET. To access the technical assistance call, please dial 1-800-988-9707 and use passcode 6548245.** The call will be recorded and will remain available until 11:59 pm ET on January 15, 2011 by calling 800-793-2382, passcode 6587456. The call will offer applicants an opportunity to ask questions pertaining to program requirements.

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# I. FUNDING OPPORTUNITY DESCRIPTION

## Purpose

This program is authorized under Title VIII, Section 831 and Section 831A of Public Health Service Act as amended by Section 5309 of the Patient Protection and Affordable Care Act (Affordable Care Act), P.L. 111-148 (42 U.S.C. § 296p and 42 U.S.C. § 296p-1). This announcement solicits grant applications for the **Nurse Education, Practice, Quality and Retention (NEPQR)** Program. Grants are awarded to eligible institutions to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce. The Affordable Care Act legislation modified the **Nurse Education, Practice, Quality and Retention (NEPQR)** Program in the following ways:

- 1) Internships and Residencies, formerly E2, now falls under the Retention Priority Area, under Section 831A as R3 and requires that there be collaboration with an accredited school of nursing.
- 2) E3 (Education in new technologies) is now E2.
- 3) The P3 purpose was modified, removing “managed care, quality improvement” and inserting “coordinated care”.
- 4) The Retention Priority Area was modified by adding Section 831A(b)(1) of the PHS Act and includes R1: promote career advancement for individuals including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses to become baccalaureate or advanced education nurses; R2: developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties; R3: assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession; and R4: enhancing patient care delivery systems.

**There are three major priority areas with ten associated purposes.** Applicants must select and focus on one of the ten purposes in the grant application. **Failure to select one purpose or selection of multiple purposes within a single application will render the application non-responsive and the application will not be considered for funding under this announcement.**

### 1) Education (E) Priority Area:

- Purpose E1: Expanding the enrollment in baccalaureate nursing programs (3 year grant);
- Purpose E2 (formerly E3): Providing education in the new technologies, including distance learning methodologies (3 year grant).

### 2) Practice (P) Priority Area:

- Purpose P1: Establishing or expanding nursing practice arrangements in non-institutional settings (Nurse Managed Centers) to demonstrate methods to improve access to primary health care in medically underserved communities (5 year grant);

- Purpose P2: Providing care for underserved populations and other high-risk groups such as the elderly, individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence (3 year grant);
- Purpose P3: Providing quality coordinated care, and other skills needed to practice in existing and emerging organized health care systems (3 year grant); or
- Purpose P4: Developing cultural competencies among nurses (3 year grant).

### 3) Retention (R) Priority Area:

- Purpose R1: Career Ladder Program to promote career advancement for individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce (3 year grant); or
- Purpose R2: (formerly known as E2): Developing and implementing internships and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties (3 year grant);
- Purpose R3: Career Ladder Program to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession (3 year grant); or
- Purpose R4: Enhancing patient care delivery systems through improving the retention of nurses and enhancing patient care that is directly related to nursing activities (3 year grant).

## Background

The mission of the Health Resources and Services Administration (HRSA's) Bureau of Health Professions (BHP) is to increase the population's access to health care by providing national leadership in the development, distribution and retention of a diverse, culturally competent health workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all. BHP serves as a focal point for those interested in health professions and workforce issues. Additional information about the BHP and its programs is available at <http://bhpr.hrsa.gov/>.

Under the Nurse Education, Practice, Quality and Retention Program, applicants provide support to strengthen capacity for nurse education and practice within three priority areas: Education, Practice, and Retention. The Program supports academic, service and continuing *education* projects to strengthen the nursing workforce and improve nurse *retention* and *quality of patient care*.

## II. AWARD INFORMATION

### 1. Type of Award

Funding will be provided in the form of a grant.

## 2. Summary of Funding

This program will provide funding for Federal fiscal years 2011 – 2015 (or for fiscal years 2011-2013, as applicable – see below). Approximately \$10 million is expected to be available annually to fund 36 new grantees. Funding beyond the first year is dependent on the availability of appropriated funds for NEPQR in subsequent fiscal years, satisfactory grantee performance, and a decision that continued funding is in the best interest of the Federal government.

New NEPQR applications, *with the exception of Purpose P1*, shall be submitted for three (3) years of support. The period of support for approved and funded new projects begins July 1, 2011 and ends June 30, 2013. New Purpose **P1 proposals are 5-year grants** and funding begins July 1, 2011 and ends June 30, 2015. All competing continuations are three-year grant awards, regardless of the purpose selected. In making awards under the R4 purpose, the Secretary shall give a preference to applicants that have not previously received an award under this purpose (Section 831(c) (2) (B) or Section 831A (c) (2)).

The average annual award for a new grant is approximately \$250,000. *This amount is only an estimate of the average grant request, for the first year, and it is suggested that the amount requested be aligned with the amount needed to carry out and justify the goals and objectives of the project.*

## III. ELIGIBILITY INFORMATION

### 1. Eligible Applicants

Eligible applicants are accredited schools of nursing, health care facilities, or a partnership of such a school and facility. The term ‘health care facility’ means an Indian Health Service health center, a Native Hawaiian health center, a hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, an ambulatory surgical center, or any other facility designated by the Secretary. The eligible applicant must be capable of carrying out the legislative purpose of the NEPQR program.

**Schools of nursing providing nursing education and conferring degrees for participants must be accredited** by a national nurse education accrediting agency or State approval agency recognized by the Secretary of the U.S. Department of Education. For FY 2011, these agencies include the Commission on Collegiate Nursing Education, [National League for Nursing Accrediting Commission](#), Kansas Board of Nursing, Maryland Board of Nursing, Missouri Board of Nursing, Montana Board of Nursing, North Dakota Board of Nursing or New York Board of Nursing, the Division of Accreditation of the American College of Nurse-Midwives, and the Council on Accreditation of Nurse Anesthesia Programs of the American Association of Nurse Anesthetists.

**All nursing programs that are associated with the project must be accredited for the purpose of nursing education.** Applicants must submit documentation providing proof of accreditation (e.g., an accreditation letter from the accrediting agency or a copy of the certificate

of accreditation) with the HRSA grant application. **Failure to provide proof of accreditation with the HRSA grant application will render the application non-responsive and the application will not be sent forward for review or be considered for funding under this announcement.**

**Exception to accreditation documentation requirement: Applicants for projects that do not confer a nursing degree to participants are not required to submit accreditation documentation.** Those applicants should include a statement that they are not including the accreditation documents because they are educating nurses and not conferring degrees. The nurses who are participants in these projects have completed their graduation requirements.

**Accreditation for Newly Established Programs of Nursing:** A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

### **Eligible Project Participants**

Project participants must be **U.S. Citizens**, non-citizen nationals, or foreign nationals who possess visas permitting permanent residence in the United States. **Individuals on temporary student visas are not eligible.**

## **2. Cost Sharing/Matching**

Cost sharing/matching is **not a requirement** for the NEPQR program.

## **3. Other**

Any application that fails to satisfy the deadline or page limit requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

Applicants shall identify only one Project Director. The Project Director for NEPQR grant projects should be a licensed Registered Nurse (RN) with experience in nursing education or practice, as applicable to the purpose under which the applicant is seeking funding. Co-Project Directors are not allowed. The role of the Project Director is an extremely important one, and HRSA relies on the PD for essential information during the award period. Each applicant should choose the proposed PD carefully to assure stability in the leadership of funded projects.

### **Maintenance of Effort:**

**Grant funds shall not be used to take the place of current funding for activities described in the application.** The applicant organization must agree to maintain non-Federal funding for grant activities at a level, which is not less than expenditures for such activities during the fiscal



year prior to receiving the grant.

**Other Limitations:**

Applicants proposing to develop or enhance a skills lab/simulation lab budget must assure that the equipment line item does not exceed 50 percent of the total budget request.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. Address to Request Application Package**

#### **Application Materials**

HRSA *requires* applicants for this funding opportunity to apply electronically through Grants.gov. All applicants *must* submit in this manner unless the applicant is granted a written exemption from this requirement in advance by the Director of HRSA’s Division of Grants Policy. Applicants must request an exemption in writing from [DGPWaivers@hrsa.gov](mailto:DGPWaivers@hrsa.gov), and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the name, address, and telephone number of the organization and the name and telephone number of the Project Director, as well as the Grants.gov Tracking Number (GRANT XXXX) assigned to your submission, along with a copy of the “Rejected with Errors” notification you received from Grants.gov. **HRSA and its Grants Application Center (GAC) will only accept paper applications from applicants that received prior written approval. However, the application must still be submitted under the deadline.**

Refer to HRSA’s Electronic Submission Guide, available online at <http://www.hrsa.gov/grants/userguide.htm>, for detailed application and submission instructions. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form 424 Research and Related (SF-424 R&R). The forms contain additional general information and instructions for grant applications, proposal narratives, and budgets. The forms and instructions may be obtained from the following sites by:

(1) Downloading from <http://www.hrsa.gov/grants/forms.htm>

Or

(2) Contacting the HRSA Grants Application Center at:  
910 Clopper Road  
Suite 155 South  
Gaithersburg, MD 20878  
Telephone: 877-477-2123  
[HRSAGAC@hrsa.gov](mailto:HRSAGAC@hrsa.gov)

Specific instructions for preparing portions of the application that must accompany Standard Form 424 Research and Related (SF-424 R&R) appear in the “Application Format” section below

## **2. Content and Form of Application Submission**

### **Application Format Requirements**

The total size of all uploaded files **may not exceed the equivalent of 65 pages when printed by HRSA, or a total file size of 10 MB. This 65-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support.** Standard OMB-approved forms are NOT included in the page limit.

**Applications that exceed the specified limits (approximately 10 MB, or 65 pages when printed by HRSA) will be deemed non-responsive. Non-responsive applications will not be considered under this funding announcement.**

Before the application deadline, applicants that realize they have exceeded the specified page limit may revise and resubmit their application PRIOR to the application deadline in order to comply with the page limitation.

### **Application Format**

Applications for funding must consist of the following documents in the following order:

## SF-424 R&R – Table of Contents

- It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
- Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.

- For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
- For electronic submissions no table of contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.
- When providing any electronic attachment with several pages, add a Table of Contents page specific to the attachment. Such pages will not be counted towards the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
SF-424 R&R Cover Page	Form	Pages 1 & 2 of the R&R face page	Not counted in the page limit.
Pre-application	Attachment	Can be uploaded on page 2 of SF-424 R&R - Box 20	Not Applicable to HRSA; do not use.
Application Checklist Form HHS 5161-1	Form	Pages 1&2 of the HHS checklist.	Not counted in the page limit.
SF-424 R&R Senior/Key Person Profile	Form	Supports 8 structured profiles (PD + 7 additional)	Not counted in the page limit.
Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. One per each senior/key person. The PD/PI biographical sketch should be the first biographical sketch. Up to 8 allowed	Counted in the page limit.
Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form	Not Applicable to HRSA; do not use.
Additional Senior/Key Person Profiles	Attachment	Can be uploaded in SF-424 R&R Senior/Key Person Profile form. Single document with all additional profiles	Not counted in the page limit.
Additional Senior Key Personnel Biographical Sketches	Attachment	Can be uploaded in the Senior/Key Person Profile form. Single document with all additional sketches	Counted in the page limit.
Additional Senior Key Personnel Current and Pending Support	Attachment	Can be uploaded in the Senior/Key Person Profile form	Not Applicable to HRSA; do not use.

<b>Application Section</b>	<b>Form Type</b>	<b>Instruction</b>	<b>HRSA/Program Guidelines</b>
SF-424 R&R Performance Site Locations	Form	Supports primary and additional sites in structured form	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in SF-424 R&R Performance Site Locations form. Single document with all additional site locations	Counted in the page limit.
Project Summary/Abstract	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 6	Required attachment. Counted in the page limit. Refer to funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
Project Narrative	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 7	Required attachment. Counted in the page limit. Refer funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Budget Period (1-5) - Section A – B	Form	Supports structured budget for up to 5 periods	Not counted in the page limit.
Additional Senior Key Persons	Attachment	SF-424 R&R Budget Period (1-5) - Section A - B, Box 9. One for each budget period	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section C – E	Form	Supports structured budget for up to 5 periods	Not counted in the page limit.
Additional Equipment	Attachment	SF-424 R&R Budget Period (1-5) - Section C – E, Box 11. One for each budget period	Not counted in the page limit.
SF-424 R&R Budget Period (1-5) - Section F – J	Form	Supports structured budget for up to 5 periods	Not counted in the page limit.
SF-424 R&R Cumulative Budget	Form	Total cumulative budget	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in SF-424 R&R Budget Period (1-5) - Section F - J form, Box K. Only one consolidated budget justification for the project period.	Required attachment. Counted in the page limit. Refer funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424 R&R Subaward Budget	Form	Supports up to 10 budget attachments. This form only contains the attachment list.	Not counted in the page limit.
Subaward Budget Attachment 1-10	Attachment	Can be uploaded in SF-424 R&R Subaward	Filename should be the name of the

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		Budget form, Box 1 through 10. Extract the form from the SF-424R&R Subaward Budget form and use it for each consortium/contractual/subaward budget as required by the program funding opportunity announcement. Supports up to 10.	organization and unique. Not counted in the page limit.
SF-424B Assurances for Non-Construction Programs	Form	Assurances for the SF-424 R&R package.	Not counted in the page limit.
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Project Information	Form	Allows additional information and attachments.	Not counted in the page limit.
Bibliography & References	Attachment	Can be uploaded in Other Project Information form, Box 8.	Not required; Optional; Counted in the page limit.
Facilities & Other Resources	Attachment	Can be uploaded in Other Project Information form, Box 9.	Not Required; Optional; Counted in the page limit.
Equipment	Attachment	Can be uploaded in Other Project Information form, Box 10.	Not Required. Optional; Counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for <b>specific</b> sequence. Counted in the page limit.
Other Attachments	Attachment	Can be uploaded in SF-424 R&R Other Project Information form, Box 11. Supports multiple.	Not Applicable to HRSA; do not use.

- **To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.**

- **Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.**
- **Merge similar documents into a single document. Where several pages are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. Table of contents page will not be counted in the page limit.**

<b>Attachment Number</b>	<b>Attachment Description (Program Guidelines)</b>
Attachment 1	<b>NEPQR Project Synopsis.</b> The Project Synopsis is a checklist form that will assist the reviewers and the federal staff in identifying key components of the application. The <b>required</b> form is located in Appendix A of the application funding opportunity announcement.
Attachment 2	<b>Accreditation Documentation.</b> Provide a copy of the nursing accreditation letter, certificate of accreditation or Department of Education assurance letter.
Attachment 3	<b>Program Specific Tables. Applicants applying under the R4 purpose must complete the table,</b> located in Appendix B of the application funding opportunity announcement.
Attachment 4	<b>Position Descriptions for Key Personnel.</b> Attach position descriptions that include the roles, responsibilities, and qualifications of proposed project key personnel. Please merge all descriptions into a single document.
Attachment 5	<b>Letters of Support.</b> Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement and support must be dated. List all other support letters on one page.
Attachment 6	<b>Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific).</b> Provide any documents that describe working relationships between the applicant organization and other agencies and programs cited in the proposal. Letters of agreement from key organizations/individuals must document their willingness to perform in accordance with the plan presented in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable.
Attachment 7	<b>Organizational Chart.</b> Attach a one-page figure that depicts the organizational structure of the project staff, including any collaborating partners.
Attachment 8	<b>Attachment 8: Accomplishments Summary (Competing Continuations only)</b> All applicants, excluding those for Purpose P1, who are in the third year of funding and who wish to continue the initial project, should submit a competing continuation application. Applicants must provide a statement of need for continuation of the currently funded project: a competing continuation is an expansion or enhancement of the original project.
Attachments 9-15	<b>(Optional).</b> Additional Project Information: Tables, charts, etc. to give further details about the proposal.

## **SF-424 R&R Application Format (continued)**

### ***i. Application Face Page***

Complete SF-424 R&R, provided with the application package. Prepare this page according to instructions provided in the form itself. For information pertaining to the Catalog of Federal Domestic Assistance, the Catalog of Federal Domestic Assistance Number is 93.359.

### **DUNS Number**

All applicant organizations are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or via telephone at 1-866-705-5711. Please include the DUNS number in item 5 on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov.

Additionally, the applicant organization (and subrecipients) will be required to register annually with the Federal Government’s Central Contractor Registry (CCR) in order to do electronic business with the Federal Government. It is extremely important to verify that your CCR registration is active. Information about registering with the CCR can be found at <http://www.ccr.gov>.

### ***ii. Table of Contents***

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

### ***iii. Application Checklist***

Complete the HHS 5161 Checklist provided with the application package.

### ***iv. Budget***

Complete SF-424 R&R provided with the application package. Follow all instructions in SF-424 R&R. Please complete the Research & Related **Budget Form (Sections A-J)** and the Cumulative Budget, and provide a **line item budget** for each grant year using the budget categories in the SF-424 R&R. The budget period is one year and the project period is three years (or five years for Purposes P1 and R2 only). Upload the Budget Justification Narrative for the entire project period (all budget periods) in Section K of the Research & Related Budget Form.

The Cumulative Budget provides the total budget information for each year of the grant request. SF-424 R&R – Budget Sections A through F list the direct costs requested for each year of the project. The applicant must provide an itemized cost-effective budget, compatible with stated objectives, and a detailed justification/rationale for each budget line item, using the categories listed in Sections A through F. The requested budget and financial plan should reflect institutional commitment to the project by listing in-kind contributions. Please fill in each budget form completely and then click the button in the upper left-hand corner to move to the form for completing the next budget period. Complete these steps until all required budget

forms, for either three or five years as applicable, have been completed. A complete line item and cumulative budget must be provided for each project year of requested funding.

#### ***v. Budget Justification***

Provide a narrative that explains the amounts requested for each line item in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget justification **MUST** be concise. Do **NOT** use the justification to expand the project narrative. The budget period is for **ONE** year. However, the applicant must submit one-year budgets for each of the subsequent budget periods within the requested project period (usually one to three years or more) at the time of application. Line item information must be provided to explain the costs entered into the appropriate form, SF-424 R&R. **The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.** Be very careful about showing how each item in the "Other" category is justified. The budget **MUST** include a justification for all 3 or 5 years of requested NEPQR funding, as applicable. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period.

#### ***Budget for Multi-Year Grant Award***

This announcement is inviting applications for project periods of three years (or five years for Purposes P1 only). Awards, on a competitive basis, will be for a one-year budget period, although project periods are for three or five years, as applicable. *Submission and HRSA approval of your prior budget period's Federal Financial Report (FFR) and your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of subsequent year funds.* Funding beyond the one-year budget period but within the three-year or five year project period will be entertained in subsequent years on a noncompetitive basis, subject to availability of funds, satisfactory progress of the grantee, and a determination that continued funding would be in the best interest of the Federal government.

#### **Include the following in the Budget Justification narrative:**

##### **1) Non-trainee Expenses**

**Personnel Costs:** Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full time equivalency (FTE), annual salary, and the exact amount requested for each project year. Applicants shall identify only one Project Director. The Project Director for NEPQR grant projects should be a licensed Registered Nurse (RN). Each proposed project may have only one Project Director. Describe the roles and responsibilities under the budget justification for grant supported and non-grant supported personnel. This information is essential for reviewers to determine if project resources are adequate to carry out program goals.

**Fringe Benefits:** List the rate and the components that comprise the fringe benefit rate, for example – health insurance, taxes, unemployment insurance, life insurance, retirement plan, and/or tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

**Equipment:** List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current



equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (*a unit cost of \$5,000 and a useful life of one or more years*). ***Proposals for the sole purpose of setting up/constructing a skills lab are not eligible under the NEPQR program. Budget requests for skills labs must not exceed 50 percent of the total project budget.***

**Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops. International travel is **not** an allowable expense. *Note: Project Directors should include in their budgets one annual meeting in the Washington, D.C., area during the project period to report and share experiences with other grantees.*

**Supplies:** List the items that the project will use. Provide the quantity and cost per unit in this category, separate office supplies from educational purchases. Office supplies could include paper, pencils, and the like; and educational supplies may be pamphlets, educational videotapes, etc. Remember, they must be listed separately.

**Consultant Costs:** Give name and institutional affiliation, qualifications of each consultant, if known, and indicate the nature and extent of the consultant service to be performed. Include expected rate of compensation and total fees, travel, per diem, or other related costs for each consultant.

**Contracts:** Applicants and or grantees are responsible for ensuring that their organization and or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. For each individual contract, applicants and or grantees must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. To the extent possible, all contractual budget justifications should be presented by using the same budget categories contained in the SF-424 R&R, and provide the individual (if available) or institutional name. Reminder: awardees must notify potential subrecipients that entities receiving subawards must provide the awardee with their DUNS number.

**Other Expenses:** Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

**Indirect Costs:** Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term “facilities and administration” is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS’s Division of Cost Allocation (DCA). Visit DCA’s website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than

on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. For the purposes of the announcement, “modified total direct costs” means direct cost amounts for equipment (capital expenditures), tuition and fees – not allowed under NEPQR, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

**Data Collection Activities:** Funds may be used to support appropriate and justifiable costs directly related to meeting evaluation and data reporting requirements. Identify and justify how these funds will be used under the appropriate budget category; Personnel, Contracts or Other.

## 2) Trainee Expenses – ARE NOT APPLICABLE UNDER THE NEPQR PROGRAM.

*Student support, including but not limited to, tuition, stipends, scholarships, bonuses, subsidies, or paid release time for program participants is not allowable.*

### *vi. Staffing Plan and Personnel Requirements*

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment 4. Note: The **Project Director** for NEPQR grant projects should be a licensed **Registered Nurse (RN)**. Each proposed project may have only one Project Director.

### *vii. Assurances*

Complete Application Form SF-424B Assurances-Non-Construction Programs provided with the application package.

### *viii. Certifications*

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package. Any organization or individual that is indebted to the United States, and has a judgment lien filed against it for a debt to the United States, is ineligible to receive a Federal grant. By signing the SF-424 R&R, the applicant is certifying that they are not delinquent on Federal debt in accordance with OMB Circular A-129. (Examples of relevant debt include delinquent payroll or other taxes, audit disallowances, guaranteed and direct student loans, benefits that were overpaid, etc.) If an applicant is delinquent on Federal debt, they should attach an explanation that includes proof that satisfactory arrangements have been made with the Agency to which the debt is owed. This explanation should be uploaded as **Attachment 9**.

### *viii. Project Abstract*

Provide a summary of the application. ***The project abstract must indicate the ONE specific NEPQR Purpose of the project by letter/number--E1, E2, P1, P2, P3, P4, R1, R2, R3 or R4-- in the first sentence.*** Because the abstract is often distributed to the public and Congress, please prepare this so that it is clear, accurate, concise and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served. The project abstract must be single-spaced, limited to one page in length and uploaded in SF-424 R&R Other Project Information Form, Box 6.

**The following information must be placed at the top of the abstract:**

- Project Title
- Applicant Organization Name
- Project Director
- Address
- Project Director Phone Numbers (Phone and Fax)
- Email Address
- Organizational Website Address, if applicable

***ix. Program Narrative***

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project. The narrative must include the date project will be operational and the proposed number of project participants.

**Program Narrative Format: Use the following section headers for the Program Narrative. Explanation of content for each section is provided below:**

- **Introduction**
- **Needs Assessment**
- **Methodology**
- **Work Plan**
- **Resolution of Challenges (Competing Continuation grants only)**
- **Evaluation and Technical Support Capacity**
- **Organizational Information**

▪ **INTRODUCTION**

This section should briefly describe the purpose of the proposed project.

▪ **NEEDS ASSESSMENT**

This section outlines the needs of your community and/or organization and should help reviewers understand the population to be served by the proposed project. It should lead clearly to the identification of the student or project participant pool and the target population for the project. The target population and its unmet health needs must be described and documented. Demographic data should be used and cited whenever possible to support the information provided. When preparing the application, applicants may utilize tools such as surveys, pilot studies, community needs assessments, or focus groups to document the need for the project, as well as methods of ongoing data collection for evaluation purposes. Review Criterion 1a “Need” may be addressed in this section. Applicants must ensure that the needs assessment is reflective of the specific purpose selected.

In this section, applicants are encouraged to request a statutory funding preference and must describe how they meet the requested funding preference. Applicants must describe:

- The geographic area (local or regional) in which the project will focus and the specific health care access, health disparity, and quality issues in that area.
- The composition of the current nursing workforce in relation to the needs and demographics of the target population in the geographic area it serves.

- How the proposal will address/respond to the needs of the workforce, students and/or target population.

### **Funding Preference**

A “funding preference” is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications. The authorizing legislation provides a statutory funding preference for some applicants. Applications receiving the preference will be placed in a significantly more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

In making awards under the R4 purpose, the Secretary shall give a preference to applicants that have not previously received an award under this purpose (Section 831I (2)(B) or Section 831A (c)(2) of the PHS Act).

In addition, as provided in Section 805 of the PHS Act as amended, a funding preference shall be granted to applicants with projects that will **1) substantially benefit rural or 2) underserved populations, or 3) help meet public health nursing needs in State or local health departments**. To be considered for a statutory funding preference, the applicant must specifically request the preference and meet the preference criteria in the needs section of the program narrative.

#### ▪ **METHODOLOGY**

Propose methods that will be used to meet each of the previously described program requirements and expectations in this grant announcement. Document all linkages and relationships under the section identified as Review Criterion 4 “Impact”.

### **Program Information**

#### **PROGRAM SPECIFIC REQUIREMENTS FOR EACH PURPOSE**

The applicant must select and focus on only one of the ten purposes illustrated below. **Failure to select one purpose or selection of multiple purposes will render the application non-responsive** and the application will not be considered for funding under this announcement.

#### **Education Purposes (E)**

##### **PURPOSE E1: Expanding the enrollment in baccalaureate nursing programs.**

The intent of Purpose E1 is to increase the capacity of baccalaureate schools of nursing to prepare baccalaureate-level nurses to meet the complex health care needs in the ever-changing health care system. The intended outcome is to increase enrollment and graduation rates of undergraduate nursing students prepared at the baccalaureate level. Applicants are encouraged to be innovative and use a combination of activities to accomplish this desired outcome.

Strategies for increasing baccalaureate enrollment may include but are not limited to program expansion, capacity building, and improvement of infrastructure. Approaches for increasing or expanding baccalaureate nursing programs may include increasing nursing faculty, clinical

practice site development for nursing students, nursing curriculum innovations, expanding the nursing student applicant pool, and creation of new and accelerated nursing programs.

**Examples of Purpose E1 Project Participants may include:**

Students enrolled full or part time in baccalaureate nursing programs that will be eligible to take the NCLEX-RN after graduation.

**Participants/activities which are not allowed within this program include:**

- 1) Pipeline and recruitment activities for high school students; and
- 2) Remedial programs and activities.

**Required Application Documentation for Purpose E1:**

- 1) Provide the most current enrollment, NCLEX-RN pass rates, and graduation data for the baccalaureate nursing program.
- 2) Describe the innovative approach(es) for improving the infrastructure to accommodate the increased undergraduate nursing student enrollment.
- 3) Describe the activities for increasing enrollments, NCLEX-RN pass rates, and graduations in generic undergraduate baccalaureate nursing programs or RN to BSN programs, or both.
- 4) Document the projected number and percent of the increase in enrollment for each project year.
- 5) Document the projected number and percent of the increase in graduation rates for the proposed project period.
- 6) Provide a description of the current and proposed curriculum.

**PURPOSE E2: Providing nursing education in new technologies, including distance-learning methodologies.**

The intent of Purpose E2 is to incorporate innovative approaches in the use of new technologies to enhance nursing education. Increased knowledge and availability of new technology are essential for all nurses to function effectively in the current health care environment. **Note: all E2 grant proposals using electronic distance learning methodologies should address all of the electronic distance learning requirements listed below.**

**Examples of Purpose E2 Project Participants may include:**

- 1) Professional nurses
- 2) Undergraduate nursing students who will be eligible to take the NCLEX-RN after graduation and graduate nursing students

**Required Application Documentation for Purpose E2:**

- 1) Provide a plan to enhance education in new technologies by providing opportunities that will lead nurses and nursing students to be competent in the use of these technologies. The plan should demonstrate creative educational models and innovative methods for delivering the content and include the following content:
  - a) design of curriculum or course offering(s) and learning experiences;
  - b) number, length and frequency of educational sessions;
  - c) one paragraph course description and a topical outline for each course to be offered;
  - d) description of anticipated clinical experiences, if appropriate; and

- e) type of recognition to be awarded (e.g. certificate, continuing education units, academic credit).
- 2) Describe the target nurse/nursing student audience and provide evidence of participant interest in, and support for, the proposed educational offering.
- 3) For educational offerings, describe how the proposed activity will be integrated into the existing curriculum.
- 4) Provide an estimate of the number of nurse/nursing student participants for each year of the project.
- 5) All grant projects using **electronic distance learning methodologies** should include Electronic Distance Learning Requirements identified below.

## **ELECTRONIC DISTANCE LEARNING REQUIREMENTS**

### **A. Educational Program**

- 1) Describe the distance learning method to be used in the project. Provide a rationale for the method chosen.
- 2) Describe the coursework distance learning students will take. Applicants should consider number, sequencing, clinical experiences, and length of program. Compare to traditional program where appropriate.
- 3) Describe the faculty's expertise with the proposed distance learning format.
- 4) Describe the process for developing distance-learning courses and materials.
- 5) Describe the measures that will be taken to ensure scholarly dialogue and interaction between students and faculty.
- 6) Describe how resources will be made available to off-site students. These should include library and administrative (i.e., orientation, registration) resources.
- 7) Describe the plan for evaluating the distance learning methods used.

### **B. Equipment and Technical Support**

- 1) Describe the hardware, software, peripherals, and other equipment which will be used. Applicants should consider compatibility with other computer systems and use and upgrading following the award period.
- 2) Detail preparation and technical support that will be offered to faculty and students.

### **C. Experience and Financing**

- 1) Describe the financing of distance learning courses.
- 2) Describe the applicant's and any partner organization's previous experience with distance learning.

## **Practice Purposes (P)**

**PURPOSE P1: Establishing or expanding nursing practice arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in medically underserved communities. The project period for P1 is five (5) years.**

The intent of Purpose P1 is to establish or expand non-institutional nursing practice arrangements (NPAs), also known as nurse managed centers, to improve access to primary health care in medically underserved areas and provide nursing practice and structured clinical experiences for nursing students. NPAs are a delivery system managed by a school

of nursing and operated by faculty, students, and staff to increase access to primary health care for medically underserved communities and populations.

**Examples of Purpose P1 Project Participants may include:**

- 1) Nurses, advanced practice nurses and faculty; and
- 2) Undergraduate nursing students and graduate nursing students.

**Required Application Documentation for Purpose P1:**

- 1) Provide an overall **Business Plan** for the NPA. The application **must** include a detailed description of the **business plan and must contain the following elements:**
  - a) A description of the NPA, including strategies for improving access to primary health care in the medically underserved community;
  - b) Describe the medically underserved community and target population(s) to be served by the NPA;
  - c) Describe the marketing plan (client recruitment, managed care organization affiliation, quality indicators, advertising, community linkages/partnerships, etc);
  - d) Describe the faculty practice plan;
  - e) Describe the staff recruitment, including outreach to target populations;
  - f) Describe a financial plan (reimbursement, e.g., Medicaid, Medicare, other third party reimbursement, donations, self-pay);
  - g) Describe the management information system plan for patient data collection, billing, and outcome measurement;
  - h) Describe the quality improvement plan; and
  - i) Describe a plan for establishing or maintaining a community advisory group and how it relates to planning, implementation of the NPA project and incorporating input from a target population.
- 2) Describe the authority and responsibility of the applicant organization in the organizational structure and in the operation of the NPA. Provide an organizational chart, which shows the relationship between the NPA and the applicant organization.
- 3) Describe how the NPA will deliver services within a teaching- learning environment; include a description of the nursing practice and the structured clinical experiences.
- 4) Describe strategies that will be implemented to provide culturally competent care to patients being served at the NPA.
- 5) Identify the number of undergraduate and graduate students who will rotate through the NPA.
- 6) Provide the projected number of clients and client encounters that will be seen for the five years of the project.
- 7) Describe the targeted health outcomes for the patient community served.
- 8) Describe the proposed/actual hours that the NPA will be open for patient care services.

**PURPOSE P2: Providing care for underserved populations and other high-risk groups such as the elderly and individuals with HIV/AIDS, substance abusers, the homeless, and victims of domestic violence.**

The intent of Purpose P2 is to improve and enhance access to direct patient care for targeted underserved and high-risk populations through development of innovative projects. The implementation of these projects may include an academic or continuing education component for nurses or nursing students.

**Examples of Purpose P2 Project Participants may include:**

- 1) Nurses; and/or
- 2) Undergraduate nursing students

**Required Application Documentation for Purpose P2:**

- 1) Describe the applicant's experience in and/or plan for treating the population(s) to be served and how this project will improve the nursing care for underserved populations and other high-risk groups. Include the following:
  - a) the types of patient care services to be offered;
  - b) a description of how, when and where patient care services will be provided; and
  - c) strategies to provide applicable culturally competent care to the target population.
- 2) Describe the nurse/nursing student target audience and provide evidence of participant interest in, and support for, the proposed educational offering.
- 3) Provide projected number of program participants for each year of the project.
- 4) Describe a plan for providing courses/course offerings that will improve the care for the underserved population(s) or high-risk group(s) to be served. Include the following content:
  - a) the design of curriculum or course offering(s) and learning experiences;
  - b) the number, length and frequency of educational sessions;
  - c) a one paragraph course description and a topical outline for each course to be offered;
  - d) a description of anticipated clinical experiences, if appropriate; and
  - e) the type of recognition to be awarded (e.g., certificate, continuing education units, academic credit).
- 5) Provide evidence of employer support for the proposed activity (e.g., release time, tuition reimbursement, facilities), if applicable.
- 6) Provide a plan for continuous quality improvement.

**PURPOSE P3: Providing quality coordinated care, and other skills needed by nurses to practice in existing and emerging organized health care systems.**

The intent of Purpose P3 is to develop or enhance the knowledge, skills, and abilities of nurses and nursing students in the management of complex existing and emerging health care systems in order to adequately practice in new and changing interdisciplinary environments.

**Examples of Purpose P3 Project Participants may include:**

- 1) Nurses; and/or
- 2) Undergraduate nursing students

**Required Application Documentation for Purpose P3:**

- 1) Describe a plan for providing an academic credit or a continuing education offering on management of patient care, improvement in the quality of patient care, or other skill(s) needed by nurses to practice in existing and emerging organized health care systems.
- 2) The curriculum should be consistent with identified competencies. Include the following content:
  - a) the design of curriculum or course offering(s) and learning experiences;
  - b) the number, length and frequency of educational sessions;
  - c) a one paragraph course description and a topical outline for each course to be offered;
  - d) a description of anticipated clinical experiences, if appropriate; and



- e) the type of recognition to be awarded (e.g., certificate, continuing education units, academic credit).
- 3) Describe the nurse/nursing student target audience and provide evidence of participant interest in, and support for, the proposed educational offering.
- 4) Provide the projected number of student participants for each year of the project.

**PURPOSE P4: Developing cultural competencies among nurses.**

The intent of Purpose P4 is to develop culturally competent nurses who possess a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among nursing and other professionals and enable that system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations.

**Examples of Purpose P4 Project Participants may include:**

- 1) Nurses; and/or
- 2) Undergraduate nursing students

**Required Application Documentation for Purpose P4:**

- 1) Describe a plan for providing an educational offering for academic credit or a continuing education offering for developing cultural competence among nurses/nursing students. Include the following:
  - a) the design of curriculum or course offering(s) and learning experiences;
  - b) the number, length and frequency of educational sessions;
  - c) a one paragraph course description and a topical outline for each course to be offered;
  - d) a description of anticipated clinical experiences, if appropriate; and
  - e) the type of recognition to be awarded (e.g. certificate, continuing education units, academic credit).
- 2) Describe the nurse/nursing student target audience and provide evidence of participant interest in, and support for, the proposed educational offering.
- 3) Provide the projected number of participants for each year of the project.
- 4) Describe a plan of cultural competency that:
  - a) Promotes the development of a culturally competent and capable nursing workforce;
  - b) Promotes the integration of cultural competency into nursing programs/care practices;
  - c) Recruits, retains, and/or involves key staff with experience serving the specific target population and familiarity with the culture of the particular communities served as applicable;
  - d) Summarizes specific training, and/or learning experiences to foster knowledge and appreciation of how culture influences health literacy, patient safety, and access to high quality, effective and predictably safe healthcare services.
  - e) Uses training to increase self-awareness of multicultural and health literacy issues to enable individuals, families, and communities from diverse socio- cultural backgrounds in self-managing their health care.
  - f) Increases nurses' awareness in serving the specific target population and familiarity with the culture of the particular target group, as applicable.

**Retention Purposes**

**PURPOSE R1: Career Ladder Programs to become baccalaureate prepared or advanced education nurses**

The intent of Purpose R1 is to promote career advancement for individuals including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce.

The career ladder programs are expected to offer project participants the opportunity for career advancement. These projects offer project participants career advancement opportunities through formal academic nursing programs to obtain education and training required to enter the nursing profession and advance within such profession.

**Failure to promote career advancement for licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses will render the application non-responsive** and the application will not be considered for funding under this announcement.

**Examples of Purpose R1 Project Participants may include:**

- 1) Nurses; and/or
- 2) Undergraduate nursing students

**Required Application Documentation for Purpose R1:**

- 1) Describe the target participant pool and provide evidence of participant interest in, and support for, the proposed nursing educational offering.
- 2) Define in detail the transition methodology from the current level of the student through the proposed career ladder
- 3) Describe selection criteria for participants in nursing program.
- 4) Describe the nursing curriculum, include the following:
  - a) the design of nursing curriculum or course offering(s) and learning experiences;
  - b) the number, sequence, length, and frequency of educational sessions;
  - c) a one paragraph course description and a topical outline for each course to be offered;
  - d) a description of anticipated clinical experiences;
  - e) the type of recognition to be awarded (e.g., academic credit), and
  - f) the total estimated time required to complete the program(s) associated with this project.
- 5) Provide the most current enrollment, NCLEX-RN pass rates, if applicable, and graduation data for the nursing program.
- 6) Describe a plan for mentoring and career counseling to ensure retention and successful completion of the program.
- 7) Include a plan and a signed agreement for articulation or transfer between or among institutions participating in the project, as applicable.
- 8) Include nursing program accreditation letter as Attachment 2.

**PURPOSE R2: Developing and implementing internship and residency programs in collaboration with an accredited school of nursing to encourage mentoring and the development of specialties.**

The intent of Purpose R2 is to develop and implement internship and residency programs to improve education and nursing practice in the workplace; and to increase the quality of care and the retention of nurses in the workforce. The internship and residency programs are expected to offer theory and clinical educational opportunities for eligible participants in one or more of three professional transitions enumerated below.

Schools of nursing offering classes or courses for R2 nurse project participants (and not conferring degrees) are not required to submit accreditation documentation. Applicants must include a statement that they are not including the accreditation documents because they are providing continuing or ongoing education for nurses; and are not conferring degrees.

**Examples of Purpose R2 Project Participants may include:**

- 1) Recent graduate nurses (GNs) of diploma, associate degree, baccalaureate, and masters level programs effectively transitioning into a professional nursing role in which they will be employed;
- 2) Employed GNs and RNs to assist transition into specialty roles in nursing; and
- 3) RNs who are re-entering into the nursing workforce to meet the current and increasing demand for nurses whose employment is based on successful completion of the internship or residency program.

**Participants/activities which are not allowed within this program include:**

- 1) Participation of current nursing students in existing nursing programs of study;
- 2) Substitution for hospital orientation programs;
- 3) **Use of HRSA funds for individual financial support for interns or residents;** and
- 4) Use of HRSA funds for individual costs associated with certification examinations in the proposed nursing specialty

**Required Application Documentation for Purpose R2:**

- 1) Describe the nurse project participant pool.
  - a) Describe the target nurse audience and provide evidence of participant interest in, and support for, the proposed educational offering through the internship or residency.
- 2) Describe the internship or residency program, including the following:
  - a) program design including number of hours and percent of theory and clinical practice;
  - b) clinical practice site(s), including incidence of acute and chronic illness consistent with the basic and advanced nursing specialties in the project to insure adequate clinical experiences for interns and residents;
  - c) clinical competencies expected;
  - d) mentor and preceptor activities, to include interest and availability of mentors/preceptors, mentor/preceptor qualifications, selection criteria/process, orientation to project, evaluation, recognition of mentor/preceptor, feedback mechanism to project staff;
  - e) recognition provided for interns and residents who successfully complete the program and for mentors and preceptors; and
  - f) obligations of the interns or residents to the employing institution.
- 3) Describe the proposed impact of the internship or residency on quality of care and retention of nurses in the workforce.
- 4) Specify the length of time of the theoretical and clinical components of the internship or residency program.

- 5) Describe the sequence of courses and clinical activities that will be offered during the project period for each year of the grant.
- 6) Provide the number of interns or residents enrolled in and projected to be enrolled in the internship and residency program for each project year.
- 7) Provide a plan demonstrating employer support for the proposed activity (e.g. reduced workloads, reduced evening or night hours, post completion unit assignment, in-kind paid time release, etc.).
- 8) Provide a signed and dated letter of agreement between the academic nursing program and the clinical practice site.

**PURPOSE R3: Career Ladder Programs to assist with entering into and advancing within the nursing profession**

The intent of Purpose R3 is to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession.

**Examples of Purpose R3 Project Participants may include:**

- 1) Nurses; and/or
- 2) Undergraduate nursing students

**Required Application Documentation for Purpose R3:**

- 1) Describe the target participant pool and provide evidence of participant interest in, and support for, the proposed nursing educational offering.
- 2) Define in detail the transition methodology from the current level of the student through the proposed career ladder
- 3) Describe selection criteria for participants in nursing program.
- 4) Describe the nursing curriculum, include the following:
  - a) the design of nursing curriculum or course offering(s) and learning experiences;
  - b) the number, sequence, length, and frequency of educational sessions;
  - c) a one paragraph course description and a topical outline for each course to be offered;
  - d) a description of anticipated clinical experiences;
  - e) the type of recognition to be awarded (e.g., academic credit), and
  - f) the total estimated time required to complete the program(s) associated with this project.
- 5) Provide the most current enrollment, NCLEX-RN pass rates, if applicable, and graduation data for the nursing program.
- 6) Describe a plan for mentoring and career counseling to ensure retention and successful completion of the program.
- 7) Include a plan and a signed agreement for articulation or transfer between or among institutions participating in the project, as applicable.
- 8) Include nursing program accreditation letter as Attachment 2.

**PURPOSE R4: Enhancing Patient Care Delivery Systems.**

The intent of Purpose R4 is to improve the retention of nurses, and thus enhance patient care that is directly related to nursing activities. The intent may be realized by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision making processes of a health care facility. **Project funding must be used for activities involving nurses.**

The overall goal of purpose R4 is measured by the proposed project addressing 2 nurse retention core measures: 1) nurse retention rate and 2) nurse vacancy rate for the organization, **and** the four organizationally identified patient care core indicators that would be impacted by increased nurse retention of nurses.

Applicants must identify problematic areas, within the organization, which can be measured by the four patient care indicators to demonstrate improvement as a result of the project.

**These core measures and core indicators must be integrated throughout the project. Applications must provide baseline documentation of nurse retention/vacancy measures and patient care core indicators and projected three year goals for each area.** The annual performance report for this purpose requires the reporting of core measure and indicator data and comparison to the original baseline data.

The Secretary shall make continuation of any award for Purpose R4 beyond the second year of such award contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.

The project period for Purpose R4 is now three years.

**In making awards under the R4 purpose, the Secretary shall give a preference to applicants that have not previously received an award under this purpose (Section 831I (2)(B) or Section 831A (c)(2)).**

**Required Application Documentation for Purpose R4:**

- 1) Discuss the retention and vacancy rates of nurses. This background discussion should include:
  - a) A comprehensive description of the project's purpose and/or problematic areas within the organization;
  - b) Work environment, administrative and organizational culture;
  - c) A comparison of nurse retention and vacancy rates against the corresponding national rates.
  - d) Baseline data for the 2 retention core measures and the formula used for calculating these measures. All projects shall describe nurse retention with these retention core measures:
    - i. Nurse retention rate; and
    - ii. Nurse vacancy rate.
- 2) Discuss **four patient care core indicators of your choice that demonstrate improvement and/or enhancement of patient care. These indicators can be reported either quantitatively or qualitatively.** Be specific when describing these indicators. These four core measures cannot be changed once approved within the original grant application, and must be measured and reported in the exact same manner as used to establish the baseline measurements. The discussion of the four selected patient care core indicators must:
  - a) Compare the current status of your nurse retention and patient care issue to existing nursing standards of practice and/or nursing professional performance;
  - b) Describe how patient care is impacted due to a lack of retention;
  - c) Provide the background/rationale for the choice of the 4 organizational specific patient care core indicators.

- d) Address areas of specific concern to the selected organizations and/or organizational units;
  - e) Demonstrate improvement in the quality of patient care within the applicant's selected organizations and/or organizational units as a result of project activities; and
  - f) Describe method of measurement in a concise way that is understandable and consistent within baseline measurement for the entire 3-year grant period.
  - g) Describe the organizational baseline measures in comparison to the National Standards for each patient care core indicator, if applicable.
- 3) Describe a comprehensive plan for enhancing patient care and retaining nurses and the goals that your organization plans on achieving through this project. The plan should directly relate to nursing activities that will improve nurse retention and enhance patient care. Discuss the plan from the perspective of a specific standard of nursing practice, professional performance, or organizational expectation and its related impact on patient care. The plan should address:
    - a) Intertwining the concepts of nurse retention and enhancement of patient care, as identified in the core measures and core indicators.
    - b) Enhanced collaboration and communication among nurses and other health care professionals.
    - c) Full involvement of nursing professionals in the organizational and clinical decision-making processes of the organization(s).
    - d) The specific nurse population(s) targeted and the numbers of nurses.
    - e) Partnerships and linkages necessary to accomplish the project.
  - 4) Describe project activities (as applicable), data collection, and evaluation activities for all 3 years of the grant. Describe implementation of the project activities, including data collection, analysis, and evaluative processes projected, as part of the activities.
  - 5) Describe an overall project outcome evaluation plan, for each of the project years, which address the goals of nurse retention and patient care enhancement. This plan should address the ongoing data collection, analysis, and opportunity for trend validation. At a minimum this plan should include:
    - a) A starting point of reference for the project to anticipated end-outcomes;
  - 6) Evaluation method of activities in meeting the outcome indicators for that specific objective or sub objective. Expected outcomes for the retention core measures and patient care core indicators. Provide the projected core retention measures and patient care core indicators on (in bold) Table 1 in Appendix B of the application. Applicants should include the completed Table 1 and upload document under Attachment 3 of the application.

## ▪ WORK PLAN

### 1) Approach

- a) Describe the activities, methods, techniques, or steps that will be used to achieve each of the objectives proposed in the methodology section; each activity must support the yearly project outcomes. Describe how the activities define the process and help achieve the desired measurable outcome. The description should include information that clearly indicates what is going to be done and how it will be done.

- b) Provide a graphical summary (i.e., table illustration) of the activities/strategies displayed by quarter that includes:
  - i. Overall objectives by year;
  - ii. Specific sub-objectives in measurable terms;
  - iii. Activities to carry out each objective;
  - iv. Specific person responsible for facilitating the activities; and
  - v. Time frame for implementation of activities.
- c) Develop a plan for the dissemination of project outcomes or products (i.e., conferences, presentations, publications, etc.) and lessons learned. **Materials developed for dissemination must include the following disclaimer and acknowledgment:** *“This project is/was supported by funds from the Division of Nursing (DN), Bureau of Health Professions (BHP), Health Resources and Services Administration (HRSA), Department of Health and Human Services (DHHS) under [grant number and title for \$] (specify grant number, title and total award amount). The information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any official endorsement be inferred by, the DN, BHP, HRSA, DHHS, or the US Government.”*

Review Criterion 2 “Response” and Review Criterion 5 “Resources/Capabilities” may be addressed in this section.

## 2) Roles and Responsibilities

Identify the roles and responsibilities of the project personnel involved with the project.

- a) Specifically describe the functions and time commitment of the Project Director and other key staff as well as their academic and professional backgrounds and past experience.
- b) Describe current experience, skills, and knowledge of project staff, including materials published and previous work of a similar nature.

## 3) Self-Sufficiency

Provide specific information that describes the extent and means by which your program plans to become self-sufficient. This should include other sources of income and the nature of the income, future funding initiatives and strategies, Federal funding plans by year for the remaining project period, and a timetable for becoming self-sufficient. Describe problems to overcome in order to become self-sufficient and a plan to address those problems.

### ▪ RESOLUTION OF CHALLENGES

Include resolution of challenges for competing continuation applications only, e.g., barriers/gaps to address, outcomes, further work to accomplish, continuation needs.

### ▪ EVALUATION PLAN

The evaluation plan must be explicitly related to the project objectives. It must address how the required BHP annual performance data will be collected (see Section VI of the funding opportunity announcement) and its quality assured. It must propose specific qualitative and/or quantitative evaluation measures for each objective and activity. While process measures and outputs are important, impact and outcome measures must also be considered. Applicants should explain what data will be collected, methods for collection, and how data will be analyzed and reported. Finally, applicants should describe current experience, skills, and knowledge of

evaluation staff, including previous work of a similar nature and related publications. When an infrastructure for data collection is not in place, applicants must include a plan with milestones and target dates to implement a systematic method for collecting, analyzing, and reporting performance and evaluation data.

In addition, applicants should select one of following areas for a focused evaluation and present a plan for conducting and reporting the results of the evaluation:

- Education of/for targeted participants
- Retention/successful completion for targeted participants

If appropriate, the plan should address educational outcomes at primary (e.g., knowledge gained by the trainee), secondary (e.g., actual practice changes by the trainee), and if possible tertiary (effects on patient outcomes) levels. The processes used to assure the quality and integrity of the evaluation should be described.

Review Criterion 3 “Evaluative Measures” may be addressed in this section.

▪ **ORGANIZATIONAL INFORMATION**

Provide information on the applicant agency’s current mission and structure, scope of current activities, and an organizational chart, and describe how these all contribute to the ability of the organization to conduct the program requirements and meet program expectations. Include the organizational chart in SF-424 R&R: Attachment 7.

- 1) Identify institutional and human resources available to implement and support the project.
- 2) Provide evidence of support for the project from faculty, administrative and institutional personnel. Include letters of agreement or letters of support from key organizations/individuals of their willingness to perform in accordance with the plan presented in the application in Attachment 5 and Attachment 6. Review Criterion 5 “Resources/Capabilities” may be further addressed in this section.

<b>ADDITIONAL NARRATIVE FUNDING OPPORTUNITY ANNOUNCEMENT</b>	
In order to ensure that the six (6) review criteria are fully addressed in the application, this box provides a cross-reference between the narrative text language and the review criteria.	
<b><u>Narrative Section</u></b>	<b><u>NEPOR Review Criteria</u></b>
Introduction Needs Assessment	(1a) Need (1b) Progress Report Summary (for Competing Continuations only) (2) Response
Methodology	(3) Evaluative Measures (4) Impact
Work Plan	(2) Response (4) Impact
Evaluation and Technical Support Capacity	(5) Resources/Capabilities
Organizational Information	(5) Resources/Capabilities
Budget	(6) Support Requested– the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.



**x. Program Specific Forms**

- a. The NEPQR Project Synopsis (Appendix A) **is required for application processing by staff and should be uploaded as Attachment 1.**
- b. The Purpose Specific Information Table 1 (Appendix B) **is required for the R4 purpose, and should be uploaded as Attachment 3.**

**xi. Attachments**

These and any other required application attachments must either be referenced in the Application Section if already listed, or included as specific “Attachment Numbers” in that portion of your Table of Contents listed in section IV.2. Each attachment must be clearly labeled. The required application attachments include:

**Attachment 1: NEPQR Project Synopsis.** The NEPQR Project Synopsis is a check list form that assists the reviewers and the federal staff in identifying the purpose detailed in the application. It should be completed in total. The NEPQR Project Synopsis is located in Appendix A of this funding opportunity.

**Attachment 2: Accreditation Documentation.** The following process must be followed for new nursing program associated with the proposed project that are just beginning the accreditation process and wish to establish eligibility based on the provisions above:

- The applicant must contact a national nursing accrediting or State approval body recognized by the Secretary of the Department of Education before requesting a reasonable assurance letter from the U.S. Department of Education. The nursing program will need to request the recognized accrediting agency to prepare its letter describing the new program’s progression toward accreditation by answering the six questions enumerated below.
  - 1) Is this program actively pursuing accreditation with the agency?
  - 2) What is the date of the program’s pending application for accreditation and the date or approximate date when the agency’s decision-making body is likely to decide whether to grant or deny accreditation for this program?
  - 3) Does the agency accredit any other nursing education programs at this institution and, if so, are those programs in good standing with your agency?
  - 4) Currently, what stages of the accreditation process has this program completed, and what stages remain to be completed? Please summarize the kinds of materials already submitted in support of the program’s application and reviewed by your agency, as well as any on-site visits that have occurred.
  - 5) Based on your records, what will be the start date or approximate start date of the program’s academic year that immediately follows the expected graduation date for the students comprising the program’s first entering class?
  - 6) Based on your agency’s review of each program to date, do you have any reason to believe that the program will be unable to demonstrate compliance with your standards and requirements and gain accreditation by the beginning of the academic year following the normal graduation date of students of the first entering class in such a program? If so, why?

- In addition, the letter from the recognized accrediting agency should state that the new educational program is an accrediting activity that falls within the scope of the Secretary's recognition and that the program will meet the accreditation/approval standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program. The applicant will submit, not less than 30 days prior to the HRSA application due date, its request for a letter of assurance along with the accrediting agency letter and any supporting documentation regarding the accreditation or approval of the nursing program to the Accreditation Division staff at [aslrecordsmanager@ed.gov](mailto:aslrecordsmanager@ed.gov).

Or by regular mail to:

Accreditation Division  
U.S. Department of Education  
1990 K Street, NW, Room 7126  
Washington, DC 20006-8509  
(HRSA LETTERS)

- If you need additional information regarding the submission, you should contact Cathy Sheffield by telephone at (202) 219-7011; fax: (202) 219:7005; or email at [Cathy.Sheffield@ed.gov](mailto:Cathy.Sheffield@ed.gov).
- The program will also submit its contact name(s), address(es), phone number(s), email addresses, and the name of the HRSA Program with all correspondence sent to the Department of Education.
- The Accreditation Division will acknowledge receipt of the application by notifying the program by email. If the application is not received timely, the acknowledgement letter will notify the program that the Accreditation Division will not process the request.
- The Department of Education will timely process the program's request for a letter of reasonable assurance documenting the Secretary's determination that the program will meet the appropriate accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such program.
- The applicant must include this letter from the Department of Education with the HRSA program application (Attachment 2). Failure to provide the Department of Education's letter with the HRSA program application will render the application non-responsive, and the application will not be sent forward for review or be considered for funding under this announcement.

**Attachment 3: Program Specific Tables.** Complete the tables, located in Appendix B of the application funding opportunity announcement, *for purpose R4 only*.

**Attachment 4: Position Descriptions for Key Personnel.** Attach position descriptions that include the roles, responsibilities, and qualifications of proposed project staff.

**Attachment 5: Letters of Support.** Include only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.). Letters of support must be dated. List all other support letters on one page.

Please merge similar documents into a single document and include a table of content cover page specific to this attachment. The table of content page will not be counted in the page limit.

**Attachment 6: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (project specific).** Provide any documents that describe working relationships between the applicant agency and other agencies and programs cited in the proposal. Letters of agreement from key organizations/individuals must document their willingness to perform in accordance with the plan presented in the application. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverable. Include only letters of agreement which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) Letters of agreement must be dated. List all other support letters on one page.

**Attachment 7: Project Organizational Chart.** Attach a one-page figure that depicts the organizational structure of the project, including any collaborating partners.

**Attachment 8: Accomplishments Summary (Competing Continuations only)**

All applicants, excluding those for Purpose P1, who are in the third year of funding and who wish to continue the initial project, should submit a competing continuation application. Applicants must provide a statement of need for continuation of the currently funded project: a competing continuation is an expansion or enhancement of the original project.

- Highlight the critical elements documented in the original needs assessment and justify the need for up to three additional years of support (it is not necessary to recreate the original need documentation for the renewal application such as a feasibility study. The need is to be updated as necessary.)
- Identify gaps in achievement of objectives and work that remains to be done, as applicable.
- Document outcomes of the prior project, and projected continuation outcomes. An Accomplishments Summary must be provided to describe prior activities and results (see review criteria). Site visit recommendations, as applicable, should be included.

The Accomplishments Summary should provide adequate information that demonstrates progress towards the project meeting the objectives and outcomes of the program. **The summary of the report should include:**

- **The project period of the initial grant application.** All activities related to the current project period. Specify whether the initial grant application was awarded for 3 or 5 years of funding. Regardless of initial award, please do not request more than 3 years of continued funding;
- The original objectives of the initial project: Restate the original objectives of the project. For each of the stated objectives provide outcome data in quantitative and qualitative terms using actual numbers and percentages. Indicate the **baselines** by which outcomes (results) were measured;
- Milestones that have been achieved and their significance: Where milestones have not been achieved, indicate the reasons and actions to be taken to address the issue(s).

Proposed revised dates should be included and referred to those objectives that will be modified in the continuation application;

- **Publications:** Note any publications arising from the current project and identify any project-related publication activities being conducted at the applicant organization;
- **Evaluation:** In the narrative, state whether your results actually made a difference or impact on the project objectives. Include quantitative and qualitative data to show impact. If results fell short of stated objectives, include any corrective measures for future objectives; and
- **Staffing modifications:** Discuss any staffing changes related to the project, including additions or deletions of positions. Indicate the reasons why funded positions were not filled, if applicable. Discuss the impact of the project due to unfilled positions and expectations for staffing positions.

**Attachments 9-15 (Optional): Additional Project Information.** Tables, charts, etc. to give further details about the proposal.

### **3. Submission Dates and Times**

#### **Application Due Date**

The due date for applications under this funding opportunity announcement is **January 21, 2011 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

#### **Late Applications:**

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

### **4. Intergovernmental Review**

The NEPQR program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

### **5. Funding Restrictions**

Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

The use of grant funding for: 1) payment of time release for trainees/participants; 2) payment of temporary or contractual personnel replacement costs for time trainees/participants away from usual worksite during involvement in project activities; 3) proposals for the sole purpose of setting up/constructing a skills lab; 4) sole purpose of research ; 5) planning, piloting, or train the

trainers; 6) accreditation, credentialing, licensing, and/or franchise fees and expenses; or 7) student support, including but not limited to, tuition, stipends, scholarships, bonuses, or subsidies are NOT allowable under the NEPQR program.

Proposals for the sole purpose of setting up/constructing a skills lab are not eligible under the NEPQR program. Simulation lab/equipment budgets may not exceed 50 percent of the total budget request.

Indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 % of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment (capital expenditures), tuition and fees – not allowed under NEPQR, and subgrants and subcontracts in excess of \$25,000 are excluded from the actual direct cost base for purposes of this calculation.

## 6. Other Submission Requirements

As stated in Section IV.1, except in rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the <http://www.Grants.gov> apply site. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization **immediately register** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process you will be unable to submit an application. The registration process can take up to one month, so you need to begin immediately.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Number System (DUNS) number
- Register the organization with Central Contractor Registry (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at [www.grants.gov](http://www.grants.gov). Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at [support@grants.gov](mailto:support@grants.gov) or by phone at 1-800-518-4726.

**Formal submission of the electronic application:** Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your AOR through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

**It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the application due date. We will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline.** Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time.

**If for any reason an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.**

**Tracking your application:** It is incumbent on the applicant to track application status by using the Grants.gov tracking number (GRANTXXX) provided in the confirmation e mail from Grants.gov. More information about tracking your application can be found at <http://www07.grants.gov/applicants/resources.jsp>.

## **V. APPLICATION REVIEW INFORMATION**

### **1. Review Criteria:**

All applications must respond to all six (6) required NEPQR criteria for ONE specific NEPQR Purpose, as outlined here and in the Program Specific Requirements for each purpose.

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

Review criteria are used to review and to rank applications. The NEPQR program has six (6) review criteria.

**Criterion 1a. Need (New Application =20 points, Competing Continuation Application =15 points).** The extent to which the application describes the problem and associated contributing factors to the problem.

- The purpose is clearly stated and is consistent with the legislative intent of the appropriate purpose.
- The need for the proposed project thoroughly describes the problem and associated contributing factors to the problem including:
  - The health care needs (such as demographics, morbidity and mortality, acute and chronic health conditions) of the populations who will be served by the program's participants;
  - How will the proposed project affect the health care needs of the target population(s);
  - Documented evidence of an eligible enrollee, project, and applicant pool based on the selected purpose;

- The targeted participants and a timeline for when they will be engaged in project activities; and
- How the proposed project qualifies for the funding preferences.
- Rationale clearly describes how the proposed project will contribute to meeting the documented needs. Evidence that the project is consistent with related Federal, State, and regional nursing workforce programs, plans, and priorities, and will contribute to decreasing the nursing shortage.

**Criterion 1b. Accomplishments Summary (New Application =N/A, Competing Continuation Application = 15 points).** A clearly stated need for continuing grant support for the project is provided by competing continuation applicants.

**Criterion 2. Response (New Application =25 points, Competing Continuation Application =20 points).** The extent to which the proposed project responds to the applicant selected NEPQR purpose. The extent to which the activities (scientific or other) described in the application is capable of addressing the problem and attaining the project objectives. How well did the applicant describe the proposed goals and objectives and their relationship to the identified project purpose. **To receive full points under criterion 2, applicants must document the following in their application:**

- The application **explicitly demonstrates that the project will be operational** (*will have active program participants--either licensed nurses or students in accredited nursing programs*) **by January 31, 2012.**
- The proposal explicitly addresses all of the “Required Application Documentation” for the specific purpose selected.
- The objectives for the project relate to the identified problems/needs and the program purpose and its potential for decreasing the nursing shortage.
- The number of targeted participants and the projects’ impact on the participants are clearly defined. As applicable, participants include students, clients, nurses, etc., who are the subject of the proposed project.
- At least one objective must address at least one of the HP 2010 goals.
- The extent to which Objectives are:
  - Specific to what the program wants to achieve for each year of the project.
  - Measurable and inclusive of baseline data and outcome goals in quantitative and qualitative terms.
  - Realistic and achievable with the resources described.
  - Indicative of the time frame within which each objective should be achieved during the project period.
  - Reflective of expected outcomes for each educational level of student projected to participate in the project.
- Proposed project activities will be used to accomplish each objective for each year of the project and are appropriate for the nurse/nursing student participants.
- Proposed activities are reasonable given the proposed level of staff, resources available, length of the project period, the qualifications of the project director and staff, and the adequacy of the available or proposed facilities to the applicant to carry out the proposed project.
- Established and/or planned linkages and partnerships with relevant educational and health care entities are relevant to project objectives, and will assist in the

attainment of project objectives. Distance learning methodology is addressed, if applicable, to include response to Electronic Distance Learning Requirements.

**Criterion 3. Evaluative Measures (New Application =10 points, Competing Continuation Application =10 points).** The measure must show the effectiveness of the method proposed to monitor and evaluate the project results. Evaluative measures must be able to assess: 1) to what extent the program objectives have been met; and 2) to what extent these can be attributed to the project.

Evaluation differs from outcomes. Outcomes are direct results or outputs of the methodologies identified in the proposal. Evaluation measures the actual impact the outcomes had on the stated objectives. The strength of the proposed methods for evaluating the project as evidenced by the following:

- The data collection, analysis and reporting procedures to be used, and the personnel involved;
- Appropriate quantitative and/or qualitative evaluation measures for each objective; and
- Outcome and process evaluation indicators.

**Criterion 4. Impact (New Application =20 points, Competing Continuation Application =20 points).** The extent and effectiveness of plans for dissemination of project results and/or the degree to which the project activities are replicable, and the sustainability plan for the program beyond the Federal Funding.

- Potential effectiveness and impact of project activities in relationship to the needs of the population(s) to be served;
- An established relationship and congruency between the number of individuals impacted through the project in relation to the budget;
- Demonstration of ongoing plans for assessment of continuous quality improvement and program impact; and
- A sound plan for dissemination of information about the results and impact of the project.

Specific information is provided that describes the extent and means by which the project plans to become self-sufficient after the period of grant support including:

- Other sources of income; the nature of income, future funding initiatives and strategies, Federal funding plans by year, and a timetable for becoming self-sufficient; and
- Problems to overcome to reach self-sufficiency are discussed.

**Criterion 5. Resources/Capabilities (New Application =15 points, Competing Continuation Application =15 points).** The extent to which project personnel are qualified by training and/or experience to implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. The measure must show:

- Evidence is provided of the institution's commitment, experience, and success in working with nurses;
- Evidence of support for the project from faculty, administrative, and institutional



personnel is provided; Letters of agreement or support are provided from key organizations/individuals indicating their willingness to perform in accordance with the plan presented in the application;

- Identified activities and outcomes that are related to the outcome objectives given the qualifications of the project director and the proposed level of staff, resources available, length of the project period, adequacy of the facilities available to the applicant to carry out the proposed project, and institutional eligibility;
- The established and/or planned **linkages/partnerships** with relevant educational and health care entities are tied to the project objectives, and will assist in the attainment of the project objectives; and
- The strength of the plan that describes the institutional resources and community support.

**Criterion 6. Support Requested (New Application =10 points, Competing Continuation Application =5 points).** The reasonableness of the proposed budget in relation to the objectives, the complexity of the activities, and the anticipated outcomes.

The strength of the Fiscal Plan as evidenced by:

- A plan assuring effective use of grant funds and resources to carry out the project is provided. The proposed budget is reasonable and reflects effective use of the funds requested. It is accompanied by a detailed justification for each line item; a budget for each year of the project must be provided;
- The extent to which costs, as outlined in the budget and required resources sections, are reasonable given the scope of work.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.
- The applicant provides a line item budget for each budget period in the proposed project period and a clear budget justification narrative that fully explains each line item and any significant changes from one budget period to the next.

## **2. Review and Selection Process**

**The Division of Independent Review** is responsible for managing objective reviews within HRSA. Applications competing for federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this program announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

## **Funding Preferences**

A “funding preference” is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of approved applications. The authorizing legislation provides a statutory funding preference for some applicants. Applications receiving the preference will be placed in a significantly more competitive position among applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process.

1) As provided in Section 805 of the Public Health Service Act as amended, a funding preference shall be granted to applicants with projects that will **1) substantially benefit rural or 2) underserved populations, or 3) help meet public health nursing needs in State or local health departments**. To be considered for a statutory funding preference, the applicant must specifically request the preference and meet the preference criteria in the needs section of the program narrative.

2) In making awards under the R2 purpose, the Secretary shall give a preference to applicants that have not previously received an award under this purpose (Section 831(c)(2)(B) or Section 831A (c)(2) of the PHS Act).

### **3. Anticipated Announcement and Award Dates**

It is anticipated that awards will be announced prior to the start date of July 1, 2011.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices**

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee’s assessment of the application’s merits and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant agency’s Authorized Representative, and reflects the only authorizing document. It will be sent prior to the start date of July 1, 2011.

### **2. Administrative and National Policy Requirements**

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable to the grant based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

### **Cultural and Linguistic Competence**

HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and funding opportunity, refer to the National Standards for Culturally and Linguistically Appropriate Services in Health Care published by HHS. This document is available online at <http://www.omhrc.gov/CLAS>.

### **Trafficking in Persons**

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the Term.

## **PUBLIC POLICY ISSUANCE**

**HEALTHY PEOPLE 2020** is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has two major goals: 1) to increase the quality and years of a healthy life; and 2) eliminate our country's health disparities. HRSA has actively participated in the work groups of all the focus areas, and is committed to the achievement of the Healthy People 2020 goals.

Healthy People 2010 and the conceptual framework for the forthcoming Healthy People 2020 process can be found online at <http://www.healthypeople.gov/>.

### **Smoke-Free Workplace**

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

## **3. Reporting**

**All successful applicants under this funding opportunity announcement must comply with the following reporting and review activities:**

### **a. Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the internet at: [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

**b. Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant. The FFR Cash Transaction Reports must be filed within 30 days of the end of each quarter. Failure to submit the report may result in the inability to access award funds. Go to [www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

**c. Status Reports**

- 1) **Federal Financial Report.** The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.
- 2) **Progress Report.** The awardee must submit a progress report to HRSA on an annual basis. The Progress Report is submitted in lieu of the previously required noncompeting continuation application. *Timely submission and HRSA approval of your Progress Report triggers the budget period renewal and release of subsequent year funds.*

The implementation and results of all performance measurement and evaluation activities will be included in the annual Progress Report that grantees must submit to obtain continued funding. These Progress Reports enable BHP<sub>r</sub> to monitor grantee progress, plan technical assistance, and make decisions concerning noncompeting continuation funding. Progress Reports from new grantees, which cover less than 12 months of grant-funded activity, will be used to evaluate progress in relation to first year milestones stated in the original application. When current grantees apply for competing continuation funding, summary evaluation information for the entire previous project period must be submitted as part of the application.

The progress report should be a concise presentation of the grant-supported program accomplishments in relation to the funded objectives since the previous Progress Report. The Progress Report should not be a copy of a previously submitted Progress Report. It should contain:

- **Objectives and accomplishments:** Provide the most important project objectives from your approved grant application and succinctly describe your accomplishments in each of them during this reporting period. Address, in particular, numbers of trainees enrolled in the project during this reporting period.
- **Barriers:** List barriers/problems that impeded your project's ability to implement the approved plan during this reporting period (e.g., staffing, funding) and describe the activities you have undertaken to minimize the effect of these barriers/problems.
- **Linkages:** Describe any linkages that you may have established with other programs.

Grantees are required to report on the following specific information:

For all NEPQR purposes: the numbers of project participants, enrollees, program completers, and graduates the program had over the past year;

For NEPQR purposes P1 and P2: the total number of nursing students/personnel in the grant project, the number of clients receiving care from nursing students/personnel, type of nursing students/personnel, number of client encounters, and types and locations of clinical training sites.

For NEPQR purpose R4: the nurse retention and vacancy rates – base line, and measurements for each year of the award, the baseline and annual rates for the four patient care core indicators.

For NEPQR purposes P3, P4, E2, R1, R2, and R3: list the education courses by title, number of times courses were offered during the reporting period, number of student participants in the course, and the level of nursing personnel taking the course.

### 3) **The BHP<sub>r</sub> Performance Report.**

All BHP<sub>r</sub> grantees are required to submit a Performance Report to HRSA on an annual basis between July 1 and August 30 each year on performance in the preceding year (or partial year). The *BHP<sub>r</sub> Performance Report for Grants and Cooperative Agreements* is designed to provide the Bureau of Health Professions (BHP<sub>r</sub>) with information about grantee activities. As such, it is an important management tool, contributing to data BHP<sub>r</sub> uses to report success achieving programmatic and crosscutting goals and in setting new goals for the future. The report also gives program officers information that helps them provide technical assistance to individual projects.

The *BHP<sub>r</sub> Performance Report for Grants and Cooperative Agreements* contains two components, as follows:

- Part I - Program-Specific Information: Collects data on activities specific to your project.
- Part II – Core Measures Information: Collects data on overall project performance related to the BHP<sub>r</sub>'s strategic goals, objectives, outcomes and indicators. The purpose is to incorporate accountability and measurable outcomes into BHP<sub>r</sub>'s programs, and to develop a framework that encourages quality improvement in its programs and projects.

All applicants are required to submit their report online using the Electronic Handbooks (EHBs). More information about the Performance Report can be found at <http://bhpr.hrsa.gov/grants/reports/>.

### 4) **Final Report**

All BHP<sub>r</sub> grantees are required to submit a final report **within 90 days after the project period ends**. The Final Report must be submitted on-line by grantees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

The Final Report is designed to provide the Bureau of Health Professions (BHPr) with information required to close out a grant after completion of project activities. As such, every grantee is required to submit a final report after end of their project. The Final Report includes the following sections:

- Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
- Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
- Summary Information
  - Project overview.
  - Project impact.
  - Prospects for continuing the project and/or replicating this project elsewhere.
  - Publications produced through this grant activity.
  - Changes to the objectives from the initially approved grant.

Grantees are also required to submit to BHPr a copy of their final evaluation report.

**d. Transparency Act Reporting Requirements**

Awards issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (available online at [www.hrsa.gov/grants/ffata.html](http://www.hrsa.gov/grants/ffata.html)). Competing Continuation awardees may be subject to this requirement and will be so notified in the Notice of Award.

## VII. AGENCY CONTACTS

Applicants may obtain additional information regarding business, administrative, or fiscal issues related to this funding opportunity announcement by contacting any of the following:

Pamela Bell, Grants Management Specialist  
Attn.: NEPQR Program  
HRSA Division of Grants Management Operations, OFAM  
5600 Fishers Lane Room 11A-02  
Rockville, MD 20857  
Telephone: 301-443-3504  
Fax: 301-443-6343  
pbell@hrsa.gov

Additional information related to the overall program issues and/or technical assistance regarding this funding opportunity announcement may be obtained by contacting.

Health Resources and Services Administration  
Attn.: NEPQR Program

Bureau of Health Professions, HRSA  
Parklawn Building, Room 8C-26  
5600 Fishers Lane Room  
Rockville, MD 20857  
Telephone: 301-443-6193  
Fax: 301-443-0791

Kami Cooper, Program Officer  
[kcooper@hrsa.gov](mailto:kcooper@hrsa.gov), or

Daniel Reed, Program Officer  
[dreed1@hrsa.gov](mailto:dreed1@hrsa.gov), or

Janice Young, Program Officer  
[jyoung2@hrsa.gov](mailto:jyoung2@hrsa.gov)

Applicants may need assistance when working online to submit their application forms electronically. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding Federal holidays at:

Grants.gov Contact Center  
Phone: 1-800-518-4726  
E-mail: [support@grants.gov](mailto:support@grants.gov)

## **IX. TIPS FOR WRITING A STRONG APPLICATION**

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

## **X. APPENDICES**

The following funding opportunity announcement appendices contain additional forms and information that are required for completion of the grant application.

Appendix A: NEPQR Project Synopsis

Appendix B: Recommended R4 Purpose-Specific Information Table 1

Appendix C: Program Definitions

**Appendix A: NEPQR Project Synopsis**  
**(Nurse Education, Practice, Quality, and Retention FY 2011)**

The following synopsis of the proposed project will assist the reviewers and the federal staff in identifying key components of the application. Please place this **checklist at the front of the submitted application**.

Applicant Organization Name: \_\_\_\_\_

Project Director Name and Credentials: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Applicants MUST check only ONE box that reflects the type of application:**

- New Application**
- Competing Continuation Application**

**Identify the Accreditation Status of the applicant organization, as applicable:**

\_\_\_\_ **Accredited - Name of Accreditation Body:** \_\_\_\_\_

\_\_\_\_ **Accreditation in Process/Pending and authorizing entity**

\_\_\_\_ **Accreditation Document included with application**

\_\_\_\_ **Not Applicable (Project is not academic in nature)**

**Identify ONE Purpose that reflects the purpose of this application:**

**Education Priority Areas**

- Purpose E-1** *Expanding Enrollment in Baccalaureate Nursing Programs*
- Purpose E-2** *Providing Education in New Technologies, Including Distance Learning Methodologies*

**Practice Priority Areas**

- Purpose P-1** *Establishing or Expanding Nurse Practice Arrangements*
- Purpose P-2** *Providing Care for Underserved Populations and Other High-Risk Groups*
- Purpose P-3** *Providing Managed Care, Quality Improvement, and Other Skills Needed to Practice in Existing and Emerging Organized Health Care*
- Purpose P-4** *Development of Cultural Competencies Among Nurses*

**Retention Priority Area**

- Purpose R-1** *Career Ladder Programs Career Advancement to become Baccalaureate prepared or Advanced Education Nurses*
- Purpose R-2** *Developing and Implementing Internship and Residency Programs*
- Purpose R-3** *Entering into and Advancing in the Nursing Profession*
- Purpose R-4** *Enhancing Patient Care Delivery Systems/Nurse Retention*

**Identify if requesting any of the following funding preferences. Please check all boxes that apply:**

- Substantially benefit rural populations
- Substantially benefit underserved populations
- Help meet public health nursing needs in State or local health departments

Number of Participants (unduplicated, per year)

Year 1 \_\_\_\_\_

Year 2 \_\_\_\_\_

Year 3 \_\_\_\_\_

Year 4 (if applicable) \_\_\_\_\_

Year 5 (if applicable) \_\_\_\_\_



**Appendix B: Purpose Specific Information Tables**  
**Recommended R4 - Table 1**

**Table 1.** It is recommended that this table should be completed by all applicants responding to **Purpose R4**. It is recommended that Purpose R4 applicants complete all areas of Table 1.

**Table 1.**  
**CORE RETENTION MEASURES and PATIENT CARE CORE INDICATORS**

Core Retention Measures	Baseline (prior to start of project)	YR. 1	YR. 2	YR. 3
Nurse Retention Rate	%			
Nurse Vacancy Rate	%			

  

Patient Care Core Indicators	Baseline (prior to start of project)	YR. 1	YR. 2	YR. 3
1.	%			
2.	%			
3.	%			
4.	%			

**Instructions for completing Table 1:**

- Nurse Retention Baseline Rate (NRBR) = the retention rate reported, using percentages (%), in the original grant proposal. This figure should reflect your initial retention rate at the beginning of your funded project.
- Nurse Vacancy Baseline Rate (NVBR) = the vacancy rate reported, using percentages (%), in the original grant proposal. This figure should reflect your initial vacancy rate at the beginning of your funded project.
- Enter the NRBR, using percentages (%), as proposed in your original proposal under ‘Baseline Rate.’
- Please project rates for 3 year goals.

**NOTE:** The following information is provided with the intention ONLY to inform Purpose R4 applicants how the information requested in the application for Table 1 will correspond with annual reporting requirements, if funded. **FUNDED Purpose R4 grantees are required to complete this table CUMULATIVELY each year for the three years of the grant.** Continuation of any award for this purpose beyond the second year of such award shall be contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.

The following is an EXAMPLE of reporting requirements for the 1<sup>st</sup> year, if funded: If funded, for the 1<sup>st</sup> year of the funding period, a grantee must enter the ‘Nurse Retention’ rate as of February 1st of the report year through January 31<sup>st</sup> of the year in which the data is actually being reported under ‘Actual Rate at the End of the Year’ for the appropriate ‘Measurement Year. For the 2009 Annual Progress Report:

1. Data is actually reported on February 01, 2010.
  2. ‘Actual Rate at the End of the Year’ reflects NRBR as of July 01, 2009 (the date project was funded) through December 31, 2009.
- If funded, for the 1<sup>st</sup> year of the funding period, a grantee must enter the ‘Nurse Vacancy’ rate as of February 1st of the report year through January 31<sup>st</sup> of the year in which the data is actually reported under ‘Actual Rate at the End of the Year’ for the appropriate ‘Measurement Year.’
  - If funded, for the 1<sup>st</sup> year of the funding period, a grantee must list the four patient care core indicators just as selected and listed in the original proposal. The patient care core measures are items that are unique to the individual grantee organizations, and will vary among the grantees. Next, enter the baseline rates, using percentages (%), for the four patient care core indicators as proposed in your original proposal. This figure should reflect your initial patient care core indicator rates at the beginning of your funded project under ‘Baseline Rate.’ Finally, enter the four core indicator rates as of February 1st of the report year through January 31<sup>st</sup> of the year in which the data is actually reported under ‘Actual Rate at the End of the Year’ for the appropriate ‘Measurement Year.’

## ***Appendix C: Program Definitions***

The following definitions shall apply to the *Nurse Education, Practice, Quality and Retention Program* for Fiscal Year 2011.

**“Academic Health Center”** refers to an institution that includes a school of medicine, a teaching hospital, and at least one additional health education program (e.g., nursing) and which is owned and/or affiliated with clinical agencies providing for the delivery of patient services. Each entity generally maintains a separate identity and autonomy.

**“Access”** means to assure health care services to all by improved health professions distribution.

**“Accredited”** means a program accredited by a nationally recognized body or bodies, or by a State agency approved for such purposes by the Secretary of Education and when applied to a hospital, school, college or university (or unit thereof) means a hospital, school, college or university (or unit thereof) which is accredited by a recognized body or bodies, or by a State agency, approved for such purpose by the Secretary of Education. The Secretary of Education publishes a list of recognized accrediting bodies, and of State agencies, which the Secretary of Education determines to be a reliable authority as to the quality of education offered at <http://www.ed.gov/admins/finaid/accred/index.html>.

There are two forms of accreditation: (1) professional or specialized accreditation and (2) institutional accreditation. Professional or specialized accreditation is focused on programs of study in professional or occupational fields. Institutional accreditation is focused on the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. Professional accrediting agencies also consider the program’s mission, goals, and expected outcomes in determining the quality of the program and the educational preparation of members of the profession or occupation.

**Accreditation for Newly Established Unaccredited Programs of Nursing:** A new program of nursing that, by reason of an insufficient period of operation, is not, at the time of the submission of an application for a grant or contract under this title, eligible for accreditation by such a recognized body or bodies or State agency, shall be deemed accredited for the purposes of this title if the Secretary of Education finds, after consultation with the appropriate recognized State approval or accrediting body or bodies, that there is reasonable assurance that the program will meet the accreditation standards of such body or bodies prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a program.

**“Assistive Nursing Personnel”** refers to unlicensed individuals who assist nursing staff in the provision of basic care to clients and who work under the supervision of licensed nursing personnel. Included in this category are nurses’ aides, nursing assistants, orderlies, attendants, personal care aides, home health aides, and technicians.

**“Associate Degree School of Nursing”** means a department, division, or other administrative unit in a junior college, community college, college, or university which provides primarily or exclusively a two-year program of education in professional nursing and allied subjects leading to an associate degree in nursing or to an equivalent degree, but only if such program, unit, college or university is accredited, as defined in section 801(4) of the PHS Act.

**“Career Mobility”** means progressive learning to improve knowledge and skills in an existing nursing role or to assume a new professional nursing role with improved capacity to perform the new role.

**“Certification”** means a process by which an agency or organization validates, based upon predetermined standards, an individual nurse’s qualifications and knowledge for practice in a defined functional or clinical area of nursing.

**“Client Encounter”** means a client visit to a health care provider in any setting or a contact between the client and health care provider by telephone or telehealth for the purpose of improving the client’s health.

**“Collegiate School of Nursing”** means a department, division, or other administrative unit in a college or university which provides primarily or exclusively a program of education in professional nursing and related subjects leading to a degree of bachelor of arts, bachelor of science, bachelor of nursing, or to an equivalent degree, graduate degree in nursing, or to an equivalent degree, including advanced training leading to such program of education provided by such school, but only if such program, or such unit, college or university is accredited.

**“Continuing Education Program”** means a formal, post-licensure educational program designed to increase knowledge and/or skills of nurses. Continuing education programs may include: workshops, institutes, clinical conferences, staff development courses, and individual studies. It does not include study for an academic degree, post-master’s certificate or other evidence of completing such a program.

**“Cross Training”** means that training which focuses on improving or increasing knowledge and/or skills in order to expand the professional role functions of the registered nurse in existing or other roles.

**“Cultural Competence”** means a set of academic and interpersonal skills that allow an individual to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons of and from the community in developing targeted interventions, communications, and other supports.

**“Culturally and Linguistically Appropriate Services”** means health care services that are respectful of and responsive to cultural and linguistic needs.

**“Culturally Competent Program”** means a program that demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation.

**“Cultural Diversity”** means differences in race, ethnicity, language, nationality, or religion among various groups within a community, an organization, or a nation.

**“Diploma School of Nursing”** means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing and allied subjects leading to a diploma or to equivalent indicia that such program has been satisfactorily completed, but only if such program, or such affiliated school or such hospital or university or such independent school is accredited, as defined in section 801(5) of the PHS Act.

**“Distance Learning Methodologies”** means electronic media are used to deliver education content when the learner and teacher are separated by distance. An electronic medium may be a computer, World Wide Web technologies, teleconferencing, television or CD ROM/DVD.

**“Faculty Development”** means activities and/or programs designed to improve project faculty’s ability to teach.

**“Full-time Student”** means a student who is enrolled on a full-time basis as defined by the institution.

**“Graduate”** means an individual who has successfully completed all institutional requirements necessary to be granted a degree/certificate.

**“Graduate Nurse”** means an individual permitted to practice registered nursing under rules and regulations of the state Board of Nursing if the individual has an application for license pending before the Board, or has taken the nurse licensing examination, but the results are not yet known.

**“Informatics”** means nursing informatics and is defined as combining nursing science, information management science, and computer science to manage and process nursing data, information, and knowledge to deliver quality care to the public.

**“In-service Education”** means learning experiences provided in the work setting for the purpose of assisting staff in performing their assigned functions in that particular agency.

**“Licensed Practical/vocational Nurse” (LPN/LVN)** means an individual who is currently licensed as a licensed practical nurse or a licensed vocational nurse in at least one jurisdiction of the United States and employed in a nursing facility or home health agency.

**“Local Government”** means a local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-State district, council of governments (whether incorporated as a nonprofit corporation under State law or not), any other regional or interstate entity, or any agency or instrumentality of local government.

**“Managed Care”** means a system that integrates the financing and delivery of health care services to covered individuals by means of arrangements with providers to furnish comprehensive services to members; explicit criteria for the selection of health-care providers; significant financial incentives for members to use providers and procedures associated with the plan; and formal programs for quality assurance and utilization.

**“Medically Underserved Communities”** (MUC) as defined in section 799B(6) of the Public Health Service Act (PHS), means an urban or rural area or population that:

- (1) is eligible for designations under section 332 as a health professional shortage area (HPSA);
- (2) is eligible to be served by a migrant health center (MHC) under section 330(g) of the PHS Act, a community health center (CHC) under section 330 of the PHS Act, a grantee under section 330(h) of the PHS Act, (relating to homeless individuals), or a grantee under section 330(i) of the PHS Act (relating to residents of public housing);
- (3) has a shortage of personal health services, as determined under criteria issued by the Secretary under section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or
- (4) is designated by a State Governor (in consultation with the medical community) as a shortage area or Medically Underserved Community.

In keeping with the Congressional intent that eligible entities should not be limited to formally designated Health Professional Shortage Areas (HPSA's) and populations served by CHCs, MHCs, or homeless health centers, the list of types of practice sites that can be claimed under this provision has been expanded to include the following:

- Community Health Centers (CHC) (section 330)
- Migrant Health Centers (MHC) (section 329)
- Health Care for the Homeless Grantees (section 340)
- Public Housing Primary Care Grantees (section 340A)
- Rural Health Clinics, federally designated (section 1861(aa)(2) of the Social Security Act)
- National Health Service Corps (NHSC) Sites, freestanding (section 333)
- Indian Health Services (IHS) Sites (Pub. L. 93-638 for tribal governed sites and Pub. L. 94-437 for IHS operated sites)
- Federally Qualified Health Centers (section 1905(I)(2)(B) of the Social Security Act)
- Primary Medical Care Health Professional Shortage Areas (HPSA's) (facilities and geographic) (section 332), for primary care physicians, other personnel except dentists and nurses
- Dental HPSA's (facilities and geographic) (section 332) for dentist only
- Nurse Shortage Areas (section 846)
- State or Local Health Departments (regardless of sponsor - for example, local health departments who are funded by the state would qualify)
- Ambulatory practice sites designated by State Governors as serving medically underserved communities
- Information on HPSAs, CHCs, MHCs, and/or homeless health centers is available on

HRSA's web site under the Bureau of Primary Health Care (BPHC) at <http://www.bphc.hrsa.gov/bphc.database.htm> or you may call 1-800-400-2742.

**“Minority”** means an individual whose race/ethnicity is classified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander.

- **American Indian or Alaska Native** means a person having origins in any of the original Peoples of North and South America (including Central America), and who maintains Tribal affiliation or community attachment.
- **Asian** means a person who has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American** means a person having origins in any of the black racial groups of Africa.
- **Hispanic or Latino** means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term “Spanish origin,” can be used in addition to “Hispanic or Latino.”
- **Native Hawaiian or Other Pacific Islander** means a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- **White** means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**“National of the United States”** means an individual who owes his sole allegiance to the United States, including all U.S. citizens, and including some individuals who are not U.S. citizens. A non-citizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They generally are individuals born in U.S. outlying possessions (American Samoa and Swains Island) on or after the date of formal acquisition of the possession, or to parents who are non-citizen nationals and have had a residence in the United States or one of its outlying possessions before the birth of that individual.

**“Nonprofit”** means any school, agency, organization or institution which is a corporation or association or is owned and operated by one or more corporations or associations, no part of the net earnings of which inures, or may lawfully inure to the benefit of any private shareholder or individual as defined in Section 801(7) of the PHS Act.

**“Nursing Center”** means an organization in which the client has direct access to professional nursing service. Nurses in these centers are responsible and accountable for diagnosing, treating, and promoting health and optimal functioning of the client. Overall center accountability remains with the nurse executive. Nursing centers are commonly referred to as nurse-managed clinics, community nursing centers, nursing clinics, or nursing practice arrangements.

**“Nursing Personnel”** is the collective term used to identify providers of nursing services and includes both licensed and unlicensed individuals.

**“Nursing Practice Arrangement”** means a delivery system managed by a school of nursing and operated by faculty, students, and staff to increase access to primary health care for medically underserved communities and populations.

**“Nursing Workforce”** means the registered nurse (RN) workforce.

**“Organized Health Care System”** means a network of organizations that provides or manages the provision of a coordinated continuum of services to a defined population and is willing to be held clinically and fiscally accountable for the healthcare outcomes and health status indicators of the populations served.

**“Primary Care”** means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**“Primary Health Care”** means care which may be initiated by the client or provider in a variety of settings and which consists of a broad range of personal health care services including:

- (1) promotion and maintenance of health;
- (2) prevention of illness and disability;
- (3) basic care during acute and chronic phases of illness;
- (4) funding opportunity and counseling of individuals and families;
- (5) referral to other health care providers and community resources when appropriate; and
- (6) nurse-midwifery services when appropriate.

In providing such services:

- (1) physical, emotional, social, and economic status, as well as the cultural and environmental backgrounds of individuals, families and communities (where applicable) are considered;
- (2) the client is provided access to the health care system; and
- (3) a single provider or team of providers, along with the client, is responsible for the continuing coordination and management of all aspects of basic health services needed for individual and family care.

**“Professional Nurse”** means a registered nurse who has received initial nursing preparation from a diploma, associate degree, or collegiate school of nursing and who is currently licensed in a State to practice nursing.

**“Program”** means a combination of identified courses and other educational or training experiences at a specified academic level, the sum of which provides the required competencies to practice.



**“Project”** means all proposed activities, including educational programs, specified or described in a grant application as approved for funding.

**“Public Health Nursing”** means the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

**“Public Health Nursing Practice”** means the systematic process by which:

- (1) the health and health care needs of a population are assessed in order to identify sub-populations, families, and individuals who would benefit from health promotion or who are at risk of illness, injury, disability, or premature death;
- (2) a plan for intervention is developed with the community to meet identified needs that takes into account available resources, the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death;
- (3) the plan is implemented effectively, efficiently, and equitably;
- (4) evaluations are conducted to determine the extent to which the interventions have an impact on the health status of individuals and the populations; and
- (5) the results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, State and national health policy and research to promote health and prevent disease. (APHA Public Health Nursing Section, 1996.)

**“Quality Improvement”** means an organizational philosophy that seeks to meet client needs and expectations with the minimum of effort or rework or waste, by using a structured process that selectively identifies and improves all aspects of care and service on an ongoing basis.

**“Registered Nurse”** means a person who has graduated from a school of nursing and is licensed to practice as a registered nurse in a State.

**“Rural Area”** means an area other than a Metropolitan Statistical Area (MSA) as designated by the Office of Management and Budget based on current census data. Census tracts in certain metropolitan areas may also be eligible if they are located a significant distance from the major city in the Standard Metropolitan Area (SMA). Rural means people who live in places with small populations or unincorporated areas with population density less than 1,000 per square mile. A rural place is any incorporated place or Census Designated Place with fewer than 2500 inhabitants that is located outside of an Urbanized Area (UA). An UA is defined as a continuously built-up area with a population of 50,000 or more.

**“Rural Clinical Experience”** means a structured clinical experience in any appropriate outpatient, home health, public health agency setting, nursing center or hospital located in a rural area.

**“Rural Health Clinic”** means a facility which (i) is located in an area that is not an urbanized area (as defined by the Bureau of the Census) and in which there are insufficient numbers of needed health care practitioners (as determined by the Secretary), and that, within the previous 4-year period, has been designated by the chief executive officer of the State and certified by the

Secretary as an area with a shortage of personal health services or designated by the Secretary either (I) as an area with a shortage of personal health services under section 330(b)(3) or 1302(7) of the Public Health Service Act, (II) as a health professional shortage area described in section 332(a)(1)(A) of that Act because of its shortage of primary medical care manpower, (III) as a high impact area described in section 329(a)(5) of that Act, or (IV) as an area which includes a population group which the Secretary determines has a health manpower shortage under section 332(a)(1)(B) of that Act, (ii) has filed an agreement with the Secretary by which it agrees not to charge any individual or other person for items or services for which such individual is entitled to have payment made under this title, except for the amount of any deductible or coinsurance amount imposed with respect to such items or services (not in excess of the amount customarily charged for such items and services by such clinic), pursuant to subsections (a) and (b) of section 1833, (iii) employs a physician assistant or nurse practitioner, and (iv) is not a rehabilitation agency or a facility which is primarily for the care and treatment of mental diseases.

**“Rural Populations”** means populations who reside in rural areas.

**“School of Nursing”** means an accredited collegiate, associate degree, or diploma school of nursing in a State where graduates are: (a) authorized to sit for the NCLEX-RN; or (b) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b) of the Public Health Service Act (Title VIII).

**“State Government”** means the government of any of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments. For purposes of PHS grants, federally recognized Indian Tribes are treated the same way as State governments. State institutions of higher education and State hospitals are considered non-governmental organizations for purposes of this program.

**“Web-delivered instruction”** means all instruction is delivered through the World Wide Web (WWW).

## **Appendix A: Instructions for the SF-424 R&R (Research and Related)**

This application form has replaced the 6025 training application form and the 398 application form. The SF-424 R&R is now used for all HRSA training and research programs.

### **INSTRUCTIONS FOR THE APPLICATION FACE PAGES**

Below are detailed instructions for the completion of the SF-424 R&R form:

Field	Instructions
1.	Select <b>Type of Submission</b> : Check the appropriate type from the submission options. Select <b>Application</b> for all HRSA grant programs
2.	<b>Date Submitted</b> : Enter the date the application is submitted to the Federal agency.
3.	<b>Date Received by State</b> : State Use Only (if applicable)
4.	<b>Federal Identifier</b> : New Project Applications should leave this field blank. If this is a Continuation application (competing or non-competing) or a Supplement, enter your grant number located on your Notice of Grant Award (NGA).
5.	<p><b>Applicant Information</b>: All items in bold are required fields and must be completed            Enter your <b>Organization's DUNS Number</b> (received from Dun and Bradstreet), Enter the <b>Legal Name, Applicant Department</b> (if applicable) and <b>Division</b> (if applicable) who will undertake the assistance activity. In <b>Street 1</b> enter the first line of the street address of your organization. In <b>Street2</b> enter the second line of your organization, if applicable. Enter the <b>City, County and State, Zip Code</b> and <b>Country</b> where your organization is located. Enter the <b>Person to be Contacted on Matters Involving the Application</b>:</p> <p><b>This is the POINT OF CONTACT, the person to be contacted</b> for the matters pertaining to this specific application (i.e., principal investigator, project director, other). Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the person to be contacted on matters relating to this application. Enter the <b>Phone</b> and <b>Fax</b> number, as well as the <b>E-MAIL</b> address of this person. <b>These are all required fields.</b></p>
6.	<p><b>Employer Identification (EIN)/ (TIN)</b>            Enter the 9 Digit Employer Identification Number as Assigned by the Internal Revenue Services.</p>
7.	<p><b>Type of Applicant</b>: Select the appropriate letter from one of the following:</p> <ul style="list-style-type: none"> <li>A. State Government</li> <li>B. County Government</li> <li>C. City or Township Government</li> <li>D. Special District Government</li> <li>E. Independent School District</li> <li>F. State Controlled Institution of Higher Education</li> <li>G. Native American Tribal Government (Federally Recognized)</li> <li>H. Public/Indian Housing Authority</li> <li>I. Native American Tribal Organization (other than Federally recognized)</li> <li>J. Nonprofit with 501C3 IRS status (other than Institute of Higher Education)</li> <li>K. Nonprofit without 501C3 IRS status (other than Institute of Higher Education)</li> <li>L. Private Institution of Higher Education</li> <li>M. Individual</li> <li>N. For Profit Organization(other than small business)</li> <li>O. Small Business</li> <li>P. Other (specify)</li> </ul>

	<p><b>Women Owned:</b> Check if you are a woman owned small business (51% owned/controlled and operated by a woman/women)</p> <p><b>Socially and Economically Disadvantaged:</b> Check if you are a socially and economically disadvantaged small business, as determined by the U.S. SBA pursuant to Section 8(a) of the SBA U.S.C.637(a).</p>
8.	<p><b>Type of Application: Select the Type from the following list :</b></p> <ul style="list-style-type: none"> <li>- <b>New:</b> A new assistance award</li> <li>- <b>Resubmission</b> ( not applicable to HRSA)</li> <li>- <b>Renewal:</b> An application for a competing continuation – this is a request for an extension for an additional funding/budget period for a project with a projected completion.</li> <li>- <b>Continuation:</b> A non-competing application for an additional funding/budget period for a project within a previously approved projected period</li> <li>- <b>Revision:</b> Any change in the Federal Governments financial obligation or contingent liability from an existing obligation. Indicate the <b>Type of Revision</b> by checking the appropriate box: <ul style="list-style-type: none"> <li>A. Increase in Award (supplement, competing supplement)</li> <li>B. Decrease Award</li> <li>C. Increase Duration</li> <li>D. Decrease Duration</li> <li>E. Other (Enter text to Explain)</li> </ul> </li> </ul> <p><b>Is Application being submitted to Other Agencies:</b> Indicate by checking <b>YES</b> or <b>NO</b> if the application is being submitted to HRSA only.</p> <p><b>What other Agencies:</b> Enter Agency Name ( if applicable)</p>
9.	<p><b>Name of Federal Agency:</b> Enter the Name of the Federal Agency from which assistance is being requested</p>
10.	<p><b>Catalogue of Federal Domestic Assistance Number (CFDA):</b> Use the CFDA Number found on the front page of the program guidance and associated Title of the CFDA (if available).</p>
11.	<p><b>Descriptive Title of Applicant’s Project:</b> Enter a brief descriptive title of the project. A continuation or revision must use the same title as the currently funded project.</p>
12.	<p><b>Proposed Project:</b> Enter the project <b>Start Date</b> of the project in the Start Date Field and the project <b>Ending Date</b> in the Ending Date Field. ( e.g., 11/01/2005 to 10/31/2008)</p>
13.	<p><b>Congressional District Applicant and Congressional District Project:</b> Enter your Congressional District(s) in Applicant Field. Enter the Congressional District(s) of Project, the primary site where the project will be performed. (<a href="http://www.gpoaccess.gov/cdirectory/browse-cd-05.html">http://www.gpoaccess.gov/cdirectory/browse-cd-05.html</a>)</p>
14.	<p><b>Project Director/Principal Investigator Contact Information :</b> All items in bold are required fields and must be completed</p> <p>Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Project Director/Principal Investigator (PD/PI) for the project. Enter the <b>Title</b> of the PD/PI and the <b>name of the organization</b> of the PD/PI. Enter the name of the primary organization <b>Department</b> and <b>Division</b> of the PD/PI. In <b>Street1</b> enter the first line of the street address of the PD/PI for the project. In <b>Street2</b> enter the second line of the street address for the PD/PI, if applicable. Enter the <b>City, County and State, Zip Code</b> and <b>Country</b> of the PD/PI. Enter the <b>Phone</b> and <b>Fax</b> number as well as the <b>E-MAIL</b> address of this person. <b>These are all required fields.</b></p>
15.	<p><b>Estimated Project Funding:</b></p> <p><b>a. Total Estimated Project Funding</b> Enter the total <b>Federal Funds</b> requested for the <b>BUDGET PERIOD</b> for which you are applying. <b>Enter only the amount for the year you are applying, NOT the amount for the entire project period.</b></p> <p><b>b. Total Federal and Non-Federal Funds:</b> Enter the total Federal and non-Federal funds for the <b>BUDGET PERIOD</b> for which you are applying.</p>

	<b>c. Estimated Program Income:</b> Identify any Program Income for the <b>BUDGET PERIOD.</b>
16.	<b>Is Application Subject to Review by State Executive Order 12372 Process:</b> If YES: Check the YES box if the announcement indicates that the program is covered under State Executive Order 12372. If NO: Place a check in the NO box.
17.	<b>Complete Certification</b> Check the "I agree" box to attest to acceptance of required certifications and assurances listed at the end of the Application.
19.	<b>Authorized Representative</b> (Authorizing Official - This is the person who has the authority to sign the application for the organization.) All items in bold are required fields and must be completed.  Enter the name of Authorized Representative/Authorizing Official. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Authorized Representative (AR) or Authorizing Official (AO). Enter the <b>Title</b> of the Authorized Representative and the <b>organization</b> of the AR/AO. Enter the name of the primary organization <b>Department</b> and <b>Division</b> of the AO. In <b>Street1</b> enter the first line of the street address of the AR/AO for the project. In <b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County</b> and <b>State, Zip Code</b> and <b>Country</b> of the AR/AO. Enter the <b>Phone</b> and <b>Fax</b> number, as well as the <b>E-MAIL</b> address of AR/AO this person. <b>These are all required fields.</b>  Note: Applicant applying in paper must send their entire grant application with the signed face/cover pages to the GAC
20.	<b>Pre-Application</b> This is Not applicable to HRSA. A limited number of HRSA programs require a Letter of Intent which is different from a preapplication. Information required and the process for submitting such a Letter of Intent is outlined in the funding opportunity announcements for those programs with such a requirement. .

**INSTRUCTIONS FOR PHS-5161 CHECKLIST (This is used for the SF-424 R&R as well)**

Field	Instructions
Type of Application	Check one of the boxes corresponding to one of the following types: - <b>New</b> : A new application is a request for financial assistance for a project or program not currently receiving DHHS support. - <b>Non-competing Continuation</b> : A non-competing application for an additional funding/budget period for a project within a previously approved project period - <b>Competing Continuation</b> (same as Renewal from SF-424 R&R face page): This is a request for an extension of support for an additional funding/budget period for a project with a projected completion. - <b>Supplemental</b> (same as Revision from SF-424 R&R face page) An application requesting a change in the Federal Governments financial obligation or contingent liability from an existing obligation.
Part A	Leave this Section Blank
Part B	Leave this Section Blank
Part C	In the Space Provided below, please provide the requested information
Business Official to be notified if an award is to be made	Enter the name of Business Official to be notified if an award is to be made. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable) of the Business Official and the <b>organization</b> . Enter the <b>Address</b> In <b>Street1</b> enter the first line of the street address of the Business Official. In

	<p><b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County and State, Zip Code and Country</b> of the business official. Enter the <b>Telephone</b> and <b>Fax</b> number, as well as the <b>E-MAIL</b> address of Business Official. Enter the Applicant Organizations 12 Digit DHHS EIN ( if already assigned) – This should be the same information as supplied in file number 5 of the SF-424 R&amp;R face page .</p>
Project Director/Principal Investigator designated to direct the proposed project	<p>Enter the name of Project Director/Principal Investigator (PD/PI) – this should be the same information as supplied on the SF-424 R &amp; R face page field number 15. Enter the <b>Prefix, First Name, Middle Name and Last Name and Suffix</b> (if applicable). Enter the name of the primary organization and Address: In <b>Street1</b> enter the first line of the street address of the AR/AO for the project. In <b>Street2</b> enter the second line of the street address for the AR/AO, if applicable. Enter the <b>City, County and State, Zip Code and Country</b> of the PD/PI. Enter the <b>Telephone Number, E-Mail and Fax</b> number. <b>DO NOT</b> enter the social security number. Enter the highest degree earned for the PD/PI.</p>

### INSTRUCTIONS FOR R&R SENIOR/KEY PERSON PROFILE

Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement, senior key personnel are defined as all individuals who contribute in a substantive, measurable way to the execution of the project or activity whether or not salaries are requested. Consultants should be included if they meet this definition. For each of these individuals, a Biosketch should be attached which lists the individual’s credentials/degrees.

Field	Instruction
Prefix	Example: Mr., Ms., Mrs., Rev. Enter the Prefix for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the prefix for the project director identified on the face page of the SF-424 R&R.
First Name	This is the first (given) name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the name of the project director identified on the face page of the SF-424 R&R.
Middle Name	This is the middle name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the name of the project director identified on the face page of the SF-424 R&R.
Last Name	This is the last name of the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the last name of the project director identified on the face page of the SF-424 R&R.
Suffix	Enter the Suffix (e.g., Jr., Sr., PhD.) for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the prefix for the project director identified on the face page of the SF-424 R&R.
Position/Title	Enter the Title for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the Title for the project director identified on the face page of the SF-424 R&R.

Department	This is the name of the primary organizational department, service, laboratory, or equivalent level within the organization for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the Department for the project director identified on the face page of the SF-424 R&R.
Organization Name	This is the name of the organizational for the Individual identified as a key person for the project. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the Organization Name for the project director identified on the face page of the SF-424 R&R.
Division	This is the primary organizational division, office, or major subdivision of the individual. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the Division for the project director identified on the face page of the SF-424 R&R.
Street 1	This is the first line of the street address for the individual identified as a key/senior person. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the Street address for the project director identified on the face page of the SF-424 R&R.
Street 2	This is the second line of the street address (if applicable) for the individual identified. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated with the second line of the Street address ( if applicable) for the project director identified on the face page of the SF-424 R&R
City	Enter the city where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated.
County	Enter the County where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated.
State	Enter the state where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated
ZIP Code	Enter the Zip Code where the key/senior person is located. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated
Phone Number	Enter the daytime phone number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated
Fax Number	Enter the fax number for the senior/key person. If this is the entry for the Project Director and you are submitting electronically, this field will be prepopulated
Email address	Enter the email address for the senior/key person. If this is the entry for the Project Director and you are submitting electronically this field will be prepopulated- This is a required field
Credential, e.g., agency login	Leave this field blank
Project Role	Enter the project role from the list below 1. Project Director (PD)/Principal Investigator(PI) 2. Co- PD/Co- PI 3. Faculty 4. Post Doctoral 5. Post Doctoral Associate 6. Other Professional 7. Graduate Student 8. Undergraduate Student 9. Technician 10. Consultant

	11. Other (Specify)
Other Project Role Category	Complete if you selected “Other “as a project role. For example, Engineer, social worker.
Attach Biographical Sketch	Provide a biographical sketch for the PD/PI or Senior Key Person identified. For each of these individuals a Biosketch should be attached which lists the individual’s credentials/degrees. Recommended information includes: education and training, research and professional and synergistic activities. Save the information in a single file and attach by clicking Add attachment –if applying electronically
Attach Current & Pending Support	Follow the individual program guidance pertaining to this issue. If current and pending support on level of effort documentation is required, please attach accordingly.

**INSTRUCTIONS FOR R&R PROJECT PERFORMANCE SITE LOCATION(S) FORM**

Indicate the primary site/sites where the work or activity will occur. If a portion of the project is at any other location(s), identify it in the section provided. If more than eight project/performance site locations are proposed, provide the information in a separate file and attach these in a file in the space provided at the bottom of the form. If applying in paper add this information as part of the appendix.

Enter the Primary Performance Site first. Add all other performance sites in the space provided.

Field name	Instructions
Organization Name	Enter the Name of the Performance Site/Organization
Street 1	Enter the first line of the street address of the performance site location
Street 2	Enter the second line of the street address of the performance site location, if applicable
City	Enter the city of the performance site
County	Enter the county where the performance site is located
State	Select from the list of States or enter the State/province in which the performance site is located
Zip Code	Enter the zip code of the performance site location
Country	Enter the country of the performance site from the list

**INSTRUCTIONS FOR R&R BUDGET**

**Section A & B**

**SECTION A**

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For applicants applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of	Enter the name of your organization



Organization	
Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested End Date of the Budget Period (these should cover 1 full year/12 months)
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)
A. Senior/Key Person	Enter the <b>Prefix, First/(Given) name, Middle name</b> (if applicable), <b>Last Name</b> and <b>Suffix</b> of the senior/key person
Project Role	Enter the project role of the Senior/Key person.
Base Salary (\$)	Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care. etc.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category.
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category. (If your institution does not use a 9 month academic period, indicate your institution's definition of academic year in the budget justification.)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category ( If your institution does not use a 3 month summer period, indicate your institution's definition of summer period in the budget justification)
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the funds being requested to cover the amount of salary/wages for each senior/key person for this budget period.
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each senior/key person.
Funds Requested (\$)	Enter federal funds requested for salary/wages & fringe benefits for each senior/key person for this budget period for this project.
Line 9. Total Funds Requested for all Senior Key Persons in the attached Files	Enter the total federal funds requested for all senior/key persons listed in the attached file (these requested funds would be for key persons over and above those listed in the preceding rows/fields of section A). If applicants are applying in hardcopy please attach a table listing the key personnel over and above the 8 persons listed on the budget page using the same format appearing in the budget table and enter the total funds requested for these additional by people in row 9.
Additional Senior Key Persons (attach file)	If applying electronically attach a file here detailing the funds requested for key personnel over and above the 8 senior/key persons already listed in this section; include all pertinent budget information. The total funds requested in this file should be entered in <b>“the total funds requested for all additional senior/key persons in line 9 of Section A.</b> If applying in hardcopy please be certain to provide detailed information on the key personnel as well as funds requested in the same format appearing in the budget table. Be certain to include the total funds for these additional key persons in <b>the total funds requested for all additional senior/key persons in line 9 of Section A.</b>

### SECTION B. Other Personnel

Field Name	Instructions
Number of Personnel	For each project role/category identify the number of personnel proposed.
Project Role	If project role is other than Post-Doctoral Associates, Graduate Students, Undergraduate students, or Secretarial/Clerical, enter the appropriate project role ( for

	example, Engineer, Statistician, IT Professional etc. ) in the blanks.
Cal. Months	Enter the number of Calendar months devoted to the project in the applicable box for each project role category/stipend category
Acad. Months	Enter the number of academic year months devoted to the project in the applicable box for each project role category. ( If your institute does not use a 9 month academic period , indicate your institution's definition of academic year in the budget justification.)
Sum. Months	Enter the number of summer months devoted to the project in the applicable box for each project role category. ( If your institute does not use a 3 month summer period , indicate your institution's definition of summer period in the budget justification.)
Requested Salary (\$)	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages/stipend amount being requested for each project role.
Fringe Benefits (\$)	Enter applicable fringe benefits, if any, for each project role category.
Funds Requested (\$)	Enter requested salary/wages & fringe benefits for each project role category.
Total Number Other Personnel	Enter the total number of other personnel and related funds requested for this project.
Total Salary, Wages and Fringe Benefits (A &B)	Enter the total funds requested for all senior key persons, stipends and all other personnel. If applying electronically this will be computed based on detailed information provided. If applying through hard copy please enter this number, ensuring that the total is equal to the detailed information provided.

## Section C, D & E

### SECTION C: Equipment Description

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form).
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period ( these should cover 1 full year/12 months).
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.).
Equipment Item	Equipment is identified as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than 1 year. List each item of equipment separately and justify each in the budget justification section. Ordinarily allowable items are limited to those which will be used primarily or exclusively in the actual conduct or performance of grant activities.

Funds Requested	Enter the estimated cost of each item of equipment, including shipping and any maintenance costs and agreements.
Total Funds Requested for all equipment listed in the attached files	Enter the estimated cost of all equipment listed in any attached documents/files.
Additional Equipment	If the space provided cannot accommodate all the equipment proposed, attach a file or document delineating the equipment proposed. If applying in hardcopy please provide this information on a separate/attached sheet. List the total funds requested on line 11 of this section.

**SECTION D. Travel**

Field Name	Instructions
Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)	Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US possessions. In the budget justifications section, include the purpose, destinations, dates of travel (if known), and number of individuals for each trip. If the dates of travel are known, specify estimated length of trip (for example, 3 days)
Foreign Travel Costs	Enter the total funds to be used for foreign travel. Foreign travel includes any travel outside of the United States, Canada, Mexico and or the U.S. Possessions. In the budget justification section, include the purpose, destination, travel dates (if known), and number of individuals for each trip. If the dates of travel are not known , specify estimated length of trip ( ex. 3 days).
Total Travel Costs	The total funds requested for all travel related to this project– this should equal the total of all domestic and foreign and may be computed if applying electronically. If applying in hardcopy please enter this amount

**SECTION E: Participant/Trainee Support Costs**

Field Name	Instructions
Tuition/Fees/Health Insurance	Enter the total amount of funds requested for participant /trainee tuition, fees, and /or health insurance. (if applicable).
Stipends	Enter the total amount of funds requested for participant /trainee stipends.
Travel	Enter the total funds requested for participant/trainee travel associated with this project (if applicable).
Subsistence	Enter the total funds requested for participant/trainee subsistence (if applicable).
Other	Describe and enter the total funds requested for any other participant/trainee costs/institutional allowances, scholarships etc. Please identify these in the space provided.
Number of Participants	Enter the total number of proposed participants/trainees (those receiving stipends, scholarships, etc.).
Trainee Costs	Enter the total costs associated with the above categories (i.e. participants/trainees- items 1-5). If applying electronically this total will be calculated for you.

## RESEARCH AND RELATED BUDGET - SECTION F-K Budget Period

Field Name	Instructions
Organizational DUNS	Enter the DUNS or DUNS +4 number of your organization. For Project applicants and those applying electronically, this field is pre-populated from the R&R SF424 Cover Page.
Budget Type	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/consortium organizations (if applicable). Separate budgets are usually required only for Subaward Budgets and are not allowed by HRSA unless legislatively authorized or requested in the program application guidance. Use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
Enter Name of Organization	Enter the name of your organization
Start Date	Enter the requested Start Date of the Budget Period
End Date	Enter the requested/proposed End Date of the Budget Period (these should cover 1 full year/12 months).
Budget Period	Identify the specific budget period (1 for first year of the grant, 2 for second year of the grant, 3 for third etc.)

### SECTION F: Other Direct Cost

Field Name	Instructions
1. Materials and Supplies	Enter the total funds requested for materials and supplies. In the budget justification attachment please itemize all categories for which costs exceed \$1,000. Categories less than \$1,000 do not have to be itemized.
2. Publication Costs	Enter the total publication funds requested. The budget may request funds for the cost of documenting, preparing, publishing or otherwise disseminating the findings of this project to others. In the budget justification include supporting information.
3. Consultant Services	Enter the total funds requested for consultant services. In the budget justification identify each consultant, the services to be performed, travel related to this project and the total estimated costs.
4. ADP/Computer Services	Enter total funds requested for ADP/computer services. In the budget justification include the established computer service rates at the proposed organization (if applicable).
5. Subawards/Consortia/ Contractual Costs	Enter total funds requested for subaward, consortium and/or contractual costs proposed for this project.
6. Equipment/Facility Rental/ User Fees	Enter total funds requested for equipment or facility rental or users fees. In the budget justification please identify and justify these fees.
7. Alterations and Renovations (not applicable to training program grants)	Enter the total funds requested for alterations and renovations. In the budget justification itemize by category and justify the costs including repairs, painting, removal or installation of partitions. Where applicable provide square footage and costs.
Items 8-10	In items 8-10 please describe any "other" direct costs not requested above. Use the Budget Justification attachment to further itemize and justify these costs. If line space is inadequate please use line 10 to combine all remaining "other direct costs" and include details of these costs in the budget justification.
Total Other Costs	The total funds requested for all Other Direct Costs

**SECTION G: Direct Costs**

If applying electronically, this item will be computed as the sum of sections A-F . If applying in paper please enter the sum of sections A-F in this field

**SECTION H: Indirect Costs**

Field Name	Instructions
Indirect Cost Type	Indicate the type of indirect cost. Also indicate if this is off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect cost rate (s) approved by a Federal Agency indicate “None—will negotiate” and include information for proposed rate. Use the budget justification if additional space is needed.
Indirect Cost Rate (%)	Indicate the most recent indirect cost rate(s), also known as Facilities and Administrative Costs {F&A} established with a cognizant Federal office or, in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you do not have a cognizant oversight agency and are selected for an award, you must submit your requested indirect cost rate documentation to the awarding department. For HHS this would be the Division of Cost Allocation in DHHS.
Indirect Cost Base (\$)	Enter amount of the base for each indirect cost type.
Funds Requested	Enter the total funds requested for each indirect cost type.
Cognizant Federal Agency	Enter the name of the cognizant Federal Agency, name and telephone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter None.

**SECTION I: Total Direct and Indirect Institutional Costs (Section G+ Section H)**

Enter the total funds requested for direct and indirect costs. If applying electronically, this field will be calculated for you.

**SECTION J: Fee**

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a fee. If a fee is allowable, enter the fee requested in this field.

**SECTION K: Budget Justification**

Detailed instructions for information to include in this section will be provided in the program application guidance. Use the budget justification to provide the additional information in each budget category and any other information necessary to support your budget request. Please use this attachment/section to provide the information requested/required in the program guidance. Please refer to the guidance to determine the need for and placement of (ex. in Appendix section) any other required budget tables stipulated in the guidance.

**RESEARCH AND RELATED BUDGET –CUMULATIVE BUDGET**

If applying electronically, all of the values on this form will be calculated based on the amounts that were entered previously under sections A through K for each of the individual budget periods. Therefore, if this application is being submitted electronically no data entry is allowed or required in order to complete this Cumulative Budget section.

If any amounts displayed on this form appear to be incorrect you may correct the value by adjusting one or more of the values that contributed to the total from the previous sections. To make such an adjustment you will need to revisit the appropriate budget period form(s) to enter corrected values.

If applying in paper form please ensure that entries in the cumulative budget are consistent with those entered in Sections A-K.

Field Name	Instructions
<b>Section A: Senior/Key Person</b>	The cumulative total funds requested for all Senior/Key personnel.
<b>Section B: Other Personnel</b>	The cumulative total funds requested for all other personnel.
Total Number Other Personnel	The cumulative total number of other personnel.
Total Salary, Wages, and Fringe Benefits (Section A + Section B)	The cumulative total funds requested for all Senior/Key personnel and all other personnel.
<b>Section C: Equipment</b>	The cumulative total funds requested for all equipment.
<b>Section D: Travel</b>	The cumulative total funds requested for all travel.
1. Domestic	The cumulative total funds requested for all domestic travel.
2. Foreign	The cumulative total funds requested for all foreign travel.
<b>Section E: Participant/Trainee Support Costs</b>	The cumulative total funds requested for all participant/trainee costs.
1. Tuition/Fees/Health Insurance	Enter the number of Calendar months devoted to the project in the applicable box for each project role category.
2. Stipends	Enter the cumulative total funds requested for participants/trainee stipends.
3. Travel	The cumulative total funds requested for Trainee /Participant travel.
4. Subsistence	The cumulative total funds requested for Trainee/Participant subsistence.
5. Other	The cumulative total funds requested for any Other participant trainee costs including scholarships.
6. Number of participants/trainees	The cumulative total number of proposed participants/trainees.
<b>Section F: Other Direct Costs</b>	The cumulative total funds requested for all other direct costs.
1. Materials and Supplies	The cumulative total funds requested for Materials and Supplies.
2. Publication Costs	The cumulative total funds requested for Publications.
3. Consultant Services	The cumulative total funds requested for Consultant Services.
4. ADP/Computer Services	The cumulative total funds requested for ADP/Computer Services.
5. Subawards/ Consortium/ Contractual Costs	The cumulative total funds requested for 1) all subaward/ consortium organization(s) proposed for the project, and 2) any other contractual costs proposed for the project.
6. Equipment or Facility Rental/User	The cumulative total funds requested for Equipment or Facility Rental/ User Fees.

Fees	
7. Alterations and Renovations	The cumulative total funds requested for Alterations and Renovations.
8. Other 1	The cumulative total funds requested in line 8 or the first Other Direct Costs category.
9. Other 2	The cumulative total funds requested in line 9 or the second Other Direct Costs category.
10. Other 3	The cumulative total funds requested in line 10 or the third Other Direct Costs category.
<b>Section G: Direct Costs A-F</b>	The cumulative total funds requested for all direct costs.
<b>Section H: Indirect Costs</b>	The cumulative total funds requested for all indirect costs.
<b>Section I : Total Direct and Indirect Costs</b>	The cumulative total funds requested for direct and indirect costs.
<b>Section J: Fee</b>	The cumulative funds requested for Fees (if applicable).

### INSTRUCTIONS FOR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Subawards are not allowed by HRSA unless legislatively authorized or requested in the Program Application Guidance. Please click on the subaward budget attachment to obtain the required budget forms. Attach all budget information by attaching the files in line items 1-10. Please do not attach any files to the subaward documents as they will not be transferred to HRSA. All justification for expenditures should be added to the budget justification for the project in section K of the project budget.

### SF-424 R&R OTHER PROJECT INFORMATION COMPONENT

**If this is an application for a Training Grant Please Respond to Items 1 and Items 6-11.**

Field Name	Instructions
1. Are Human Subjects Involved	If activities involving human subjects are planned at any time during proposed project check YES. Check this box even if the proposed project is exempt from Regulations for the protection of Human Subjects. Check NO if this is a training grant or if no activities involving human subjects are planned and skip to step 2.
1.a If YES to Human Subjects Involved	<p>Skip this section if the answer to the previous question was NO. If the answer was YES, indicate if the IRB review is pending. If IRB has been approved enter the approval date. If exempt from IRB approval enter the exemption numbers corresponding to one or more of the exemption categories. See: <a href="http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm">http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm</a> for a list of the six categories of research that qualify for exemption from coverage by the regulations are defined in the Common Rule for the Protection of Human Subjects.</p> <p>For Human Subject Assurance Number enter the IRB approval number OR the approved Federal Wide Assurance ( FWA), multiple project assurance (MPA) , Single Project Assurance(SPA) Number or Cooperative Project Assurance Number that the applicant has on file with the Office of Human Research</p>

	Protections, if available.
2. Are Vertebrae Animals Used	If activities using vertebrae animals are planned at any time during the proposed project at any performance site check the YES box; otherwise check NO and proceed to step 3.
2 a. If YES to Vertebrae animals	Indicate if the IACUC review is pending by checking YES in this field otherwise check NO. Enter the IACUC approval Date in the approval date field leave blank if approval is pending. For Animal Welfare Assurance Number, enter the Federally approved assurance number if available.
3. Is Proprietary /Privileged Information Included in the Application	Patentable ideas, trade secrets, privileged or confidential commercial or financial information, disclosure of which may harm the applicant, should be included in the application only when such information is necessary to convey an understanding of the proposed project. If the application includes such information, check the YES box and clearly mark each line or paragraph of the pages containing proprietary/privileged information with a legend similar to: “the following contains proprietary /privileged information that (name of applicant) requests not be released to persons outside the Government, except for purposes of review and evaluation.
4a. Does this project have an actual or potential impact on the environment?	If your project will have an actual or potential impact on the environment check the YES box and explain in the box provided in <b>4b</b> . Otherwise check NO and proceed to question 5a.
4.b. If yes, please explain	If you checked the YES box indicating an actual or potential impact on the environment, enter the explanation or the actual or potential impact on the environment here.
4c. If this project has an actual or potential impact on the environment has an exemption been authorized or an Environmental Assessment (EA) or an Environmental Impact Statement (EIS) been performed?	If an exemption has been authorized or an EA or EIS has been performed check the YES box in 4d. Otherwise check the NO box.
4d. If yes please explain	If you checked the YES box indicating an exemption has been authorized or an EA or EIS has been performed, enter the explanation.
5a. Does the project involve activities outside of the U.S. or partnership with international collaborators?	If your project involves activities outside of the U.S. or partnerships with international collaborators check the YES box and list the countries in the box provided in 5b and an optional explanation in box 5c. Otherwise check NO and proceed to item 6.
5b. If yes Identify Countries	If the answer to 5a is YES – identify the countries with which international cooperative activities are involved.
5c. Optional explanation	Use this box to provide any supplemental information, if necessary. If necessary you can provide the information as an attachment by clicking “Add Attachment” to the right of Item 11 below.
6. Project Summary/	Please refer to the guidance for instructions regarding the information to include



Abstract	<p>in the project summary/abstract. The project summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of the objectives and methods employed. The summary must NOT include any proprietary/confidential information.</p> <p>If applying electronically attach the summary/abstract by clicking on “Add Attachment” and browse to where you saved the file on your computer and attach.</p>
7. Project Narrative	<p>Provide the project narrative in accordance with the program guidance/announcement and/or agency/program specific instructions. If you are applying electronically, to attach project narrative click “Add Attachment,” browse to where you saved the file, select the file, and click to attach. .</p>
8. Bibliography and References Cited	<p>Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of this application. If applying electronically – attach the bibliography by clicking “Add Attachment” on line 8.</p>
9. Facilities and Other Resources	<p>This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their pertinent capabilities, relative proximity and extent of availability to the project (e.g. machine shop, electronic shop), and the extent to which they would be available to the project.</p> <p>To attach a Facilities and Other Resources file, click Add Attachment, browse to where you saved the file, select the file and then click open.</p>
10. Equipment	<p>List major items of equipment already available for this project and if appropriate identify location pertinent capabilities. To attach an Equipment file, click “Add Attachment” and select the file to be attached.</p>
11. Other Attachments	<p>Attach a file to provide any program specific forms or requirements not provided elsewhere in the application in accordance with the agency or program specific guidance. Click “Add Attachment” and select the file for attachment from where you saved the file.</p>

## ATTACHMENTS FORM

Use this form to add files/attachments required in the program guidance whose location has not been specified elsewhere in the application package. Use the first line item to attach the file with information on your organization’s Business Official. Name this file BUSINESS OFFICIAL INFORMATION. Attach other files as required in the program guidance.